

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90009 031 \*\*\*150.00

**DOCUMENT # P94000033691**

1. Entity Name

CHECKER LEASING, INC.



Principal Place of Business

5201 GULF BLVD  
ST PETE BEACH FL 33706

Mailing Address

PO BOX 66330  
ST PETERSBURG FL 33736

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3236557

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALLEE, CAROL B  
5201 GULF BLVD  
ST PETE BEACH FL 33706

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Carol B. Vallee*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME VALLEE, JERRY E  
STREET ADDRESS 9734-62 AVE. NO.  
CITY-ST-ZIP SAINT PETERSBURG FL 33708

TITLE DIRECTOR ☒ Change ☐ Addition  
NAME JERRY E. VALLEE  
STREET ADDRESS 100 PUNTA VISTA DR.  
CITY-ST-ZIP ST. PETE BEACH, FL 33706

TITLE VP ☐ Delete  
NAME VALLEE, CAROL B  
STREET ADDRESS 9734-62 AVE. NO.  
CITY-ST-ZIP SAINT PETERSBURG FL 33708

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME CAROL B. VALLEE  
STREET ADDRESS 9734 62ND AVE NORTH  
CITY-ST-ZIP ST. PETE, FL 33708

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carol B. Vallee* CAROL B. VALLEE

2-7-08

727-519-5522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #