

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000063624

1. Entity Name
CHECKRIGHT COLLECTION AGENCY, INC.



Principal Place of Business
1210 WINDY WILLOWS DRIVE
JACKSONVILLE, FL 32225

Mailing Address
P O BOX 350561
JACKSONVILLE, FL 32235



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3390802

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GREEN, MICHELE
1210 WINDY WILLOWS DR
JACKSONVILLE, FL 32225

DO NOT WRITE
IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME GREEN, MICHELE C
STREET ADDRESS 1210 WINDY WILLOWS DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE VSD
NAME GREEN, SHAWN A
STREET ADDRESS 1210 WINDY WILLOWS DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04 904-221-0206
Date Daytime Phone #