

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000050502

1. Entity Name
CHECK MAN, INC.



Principal Place of Business

P.O. BOX 2129
QUINCY, FL 32353

Mailing Address

P.O. BOX 2129
QUINCY, FL 32353

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3579397

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RICHMOND, HAROLD S
227 E JEFFERSON ST
QUINCY, FL 32351

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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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	WILLIAMS, TAYLOR B
STREET ADDRESS	P.O. BOX 1018
CITY-ST-ZIP	QUINCY, FL 32353
TITLE	D
NAME	WILLIAMS, PAUL G
STREET ADDRESS	P.O. BOX 2129
CITY-ST-ZIP	QUINCY, FL 32353
TITLE	P
NAME	WILLIAMS, PAUL W
STREET ADDRESS	P.O. BOX 863
CITY-ST-ZIP	QUINCY, FL 32353
TITLE	D
NAME	GRANT, B.D.
STREET ADDRESS	P.O. BOX 2129
CITY-ST-ZIP	QUINCY, FL 32353
TITLE	D
NAME	MAXWELL, WILLIAM
STREET ADDRESS	P.O. BOX 2129
CITY-ST-ZIP	QUINCY, FL 32353
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/09/06-80012-013 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Paul W Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/06

Date

850 627 8214

Daytime Phone #