


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P99000090137 1. Entity Name CHECKMARK SERVICES, INC.	
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Principal Place of Business 141 NW 46TH CT FORT LAUDERDALE, FL 33309	Mailing Address 141 NW 46TH CT FORT LAUDERDALE, FL 33309
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DO NOT WRITE IN THIS SPACE



05012004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0954680	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAFONTAINE, MARK J
141 NW 46 COURT
FORT LAUDERDALE, FL 33309

**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 \$
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LAFONTAINE, MARK 2401 NE 36TH ST., #207 LIGHTHOUSE POINT, FL 33064
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS LAFONTAINE, RONALD 127 SEA ISLAND TERRACE BOCA RATON, FL 33432
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT CLERKIN, BRIAN 141 NW 46TH CT. FT. LAUDERDALE, FL 33309
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/03/04-80215-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Mark Lafontaine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 954-463-8577
Date Daytime Phone #