2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S25999

Entity Name: CHECK-O-MAT CORPORATION

FILED Apr 28, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

415 P MARY ESTHER CUT OFF 331 MARY ESTHER

FT. WALTON BEACH, FL 32548 MARY ESTHER, FL 32548

Current Mailing Address: New Mailing Address:

120 CHATS WAY #1 P.O. BOX 1540

SUITE 1 OSPREY, FL 34229 US PENSACOLA, FL 32507

FEI Number: 59-3045012 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KRAWCHUCK, WILLIAM P.

SUN PLAZA 415-A

MADY ESTHER

TWALTON BEACH FL 3254

MARY ESTHER CUT OFF FT. WALTON BEACH, FL 32548 FT. WALTON BEACH, FL 32548

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.

SIGNATURE: 04/28/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 PS
 () Delete

 Name:
 KRAWCHUCK, WILLIAM P, .

 Address:
 415 A MARY ESTHER CTO

 City-St-Zip:
 FT. WALTON BEACH, FL

Title: VT () Delete
Name: KRAWCHUCK, BARBARA A, .
Address: 415 A MARY ESTHER CTO
City-St-Zip: FT. WALTON BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition

Name: KRAWCHUCK, WILLIAM P, . Address: 331 MARY ESTHER

City-St-Zip: MARY ESTHER, FL 32569 US

Title: VT (X) Change () Addition

Name: KRAWCHUCK, BARBARA A, .

Address: 331 MARY ESTHER
City-St-Zip: MARY ESTHER, FL 32569 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM P. KRAWCHUCK PS 04/28/2004