


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 442109 1. Entity Name NEWCHANCE FARM, INC.	
--	---

Principal Place of Business 2445 SE HWY 42 SUMMERFIELD, FL 34491 US	Mailing Address 2445 SE HWY 42 SUMMERFIELD, FL 34491 US
---	---

DO NOT WRITE IN THIS SPACE



04292004 No Chg-P CR2E034 (10/03)

4. FCI Number 59-1593766	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 CHAK (RONALD) 1500 SE 59TH STREET OCALA, FL 34480
--

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 of the individual or entity changing the registered office or registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD CHAK, RONALD H. 2445 SE HWY 42 SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY ST ZIP	STD CHAK, PHYLLIS SE 58TH ST OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY ST ZIP	V CHAK, ROGER 9296 SW 27TH AVE OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

DO NOT WRITE
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)(c), Florida Statutes. I further certify that the information included 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: Ronald Chak Ronald Chak 4/29/04 854-3471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date State File No.