

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 13, 2006 8:00 am
Secretary of State

08-16-2006 90002 015 ****61.25

DOCUMENT # N05000001885 1. Entity Name SECOND CHANCE COUNTRY, INC.					
Principal Place of Business 295 LONDONDERRY DRIVE SARASOTA FL 34240			Mailing Address 295 LONDONDERRY DRIVE SARASOTA FL 34240		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2386197 <div style="float: right;"> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KAHN, JACK C 295 LONDONDERRY DRIVE SARASOTA FL 34240			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> <div style="float: right;">DATE _____</div>					
FILE NOW: FEE IS \$61.25 Due By September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. No		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAHN, JACK C 295 LONDONDERRY DRIVE SARASOTA FL 34240 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 617, 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 so empowered.					
SIGNATURE: <u>JACK C KAHN</u> JACK C. KAHN 8/11/06 941 342 9196 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right;"> <small>Date</small> <small>Daytime Phone #</small> </div>					