

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000063655

Entity Name: CHANCES ENTERPRISES, INC.

FILED  
Apr 29, 2007  
Secretary of State

## Current Principal Place of Business:

2 PINE CT. PLACE  
OCALA, FL 344729048

## New Principal Place of Business:

2 PINE COURT PLACE  
OCALA, FL 344729048

## Current Mailing Address:

2 PINE CT. PLACE  
OCALA, FL 344729048

## New Mailing Address:

2 PINE COURT PLACE  
OCALA, FL 344729048

FEI Number: 59-3656286

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHANCE, JOSEPH T  
2 PINE CT. PLACE  
OCALA, FL 344729048 US

## Name and Address of New Registered Agent:

CHANCE, JOSEPH T  
2 PINE COURT PLACE  
OCALA, FL 344729048 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/29/2007

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: CHANCE, JOSEPH T  
Address: 2 PINE CT. PLACE  
City-St-Zip: OCALA, FL 344729048

Title: VPSD ( ) Delete  
Name: CHANCE, INGRID O  
Address: 2 PINE CT. PLACE  
City-St-Zip: OCALA, FL 344729048

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: CHANCE, JOSEPH T  
Address: 2 PINE COURT PLACE  
City-St-Zip: OCALA, FL 344729048

Title: VPSD (X) Change ( ) Addition  
Name: CHANCE, INGRID O  
Address: 2 PINE COURT PLACE  
City-St-Zip: OCALA, FL 344729048

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOSEPH T. CHANCE

Electronic Signature of Signing Officer or Director

PTD

04/29/2007

Date