


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000109461**  
 1. Entity Name  
**SECOND LIFE ENTERPRISES, INC.**



Principal Place of Business      Mailing Address  
**143 BETTY DR.**      **143 BETTY DR.**  
**PORT SAINT JOE FL 32456**      **PORT SAINT JOE FL 32456**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE      CR2E034 (10/05)

4. FEI Number **59-3708091**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KRAUSE, RICHARD W**  
**143 BETTY DR.**  
**PORT SAINT JOE FL 32456**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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NAME	KRAUSE, RICHARD W	NAME		NAME		NAME	
STREET ADDRESS	143 BETTY DR.	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	PORT SAINT JOE FL 32456	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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NAME	FRANZEN, PATRICIA B	NAME		NAME		NAME	
STREET ADDRESS	143 BETTY DR.	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	PORT SAINT JOE FL 32456	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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 03/21/06-80052-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: \_\_\_\_\_ **3/10/06** (850) 899-7766