

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000010362

Entity Name: FIRST CHANCE, INC.

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

8655 US HWY. 1 NORTH
JACKSONVILLE, FL 32219

New Principal Place of Business:

1100 CESERY BLVD
JACKSONVILLE, FL 32211

Current Mailing Address:

P. O. BOX 2122
JACKSONVILLE, FL 322032122

New Mailing Address:

FEI Number: 01-0585957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENS, NATASHA D
8655 US HWY. 1 NORTH
JACKSONVILLE, FL 32219 US

Name and Address of New Registered Agent:

OWENS, NATASHA D
1100 CESERY BLVD
JACKSONVILLE, FL 32211 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: NATASHA OWENS

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OWENS, NATASHA D
Address: 8655 US HWY. 1 NORTH
City-St-Zip: JACKSONVILLE, FL 32219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: OWENS, NATASHA D
Address: 1100 CESERY BLVD
City-St-Zip: JACKSONVILLE, FL 32211

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: NATASHA OWENS

D

05/01/2008

Electronic Signature of Signing Officer or Director

Date