


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000058067</b>	
1. Entity Name <b>SECOND GLANCE, INC.</b>	

Principal Place of Business <b>SECOND GLANCE 1660-9 N. MONROE STREET TALLAHASSEE, FL 32303 US</b>	Mailing Address <b>1660-9 N MONROE ST TALLAHASSEE, FL 32303 US</b>
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**DO NOT WRITE IN THIS SPACE**



04062007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>41-2051893</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**WILLIAMS, BOBBIE  
1660-9 N MONROE ST  
TALLAHASSEE, FL 32303**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<b>WILLIAMS, BOBBIE 1660-9 N MONROE ST TALLAHASSEE, FL 32303</b>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	<b>DO NOT WRITE IN THIS SPACE</b>
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/18/07-80064-008 150.00

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 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:** *Bobbie Williams* **4-6-07 850-224-2962**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #