

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P04000155884

1. Entity Name
ONECHANCE, INC.



Principal Place of Business

661 BLANDING BLVD.
SUITE 103
ORANGE PARK, FL 32073

Mailing Address

661 BLANDING BLVD.
SUITE 103
ORANGE PARK, FL 32073



04102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

30-0302865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TUCKER, ELIOT SEC
2770 PEBBLERIDGE COURT
ORANGE PARK, FL 32065

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP
NAME BRINKLEY, HARVEY E VP
STREET ADDRESS 516 BASSWOOD CT.
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE SEC
NAME TUCKER, ELIOT SEC
STREET ADDRESS 2770 PEBBLERIDGE CT.
CITY-ST-ZIP ORANGE PARK, FL 32065

TITLE PRES
NAME CHARETTE, STEPHEN D PRES
STREET ADDRESS 131 BURRAGE ST
CITY-ST-ZIP LUNENBURG, MA 01462

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000742416
05/15/07-80068-009 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07 904/234-6800

Date

Daytime Phone #