

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90417 034 ***158.75

DOCUMENT # P05000039355	
1. Entity Name BEST CHANCE CONSTRUCTION, INC.	



Principal Place of Business 43 FREEDOM WAY PANAMA CITY BEACH, FL 32413	Mailing Address 43 FREEDOM WAY PANAMA CITY BEACH, FL 32413
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40076591

2. Principal Place of Business 3027 Simenole Rd. Suite, Apt. #, etc.	3. Mailing Address 135 Sis Lane Suite, Apt. #, etc.
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04202006 Chg-P CR2E034 (11/05)

City & State Chipley, FL	City & State CARENCO, LA
Zip 32428	Zip 70520
Country USA	Country USA

4. FEI Number 33-1114280	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BERGENON, CARL M. 43 FREEDOM WAY PANAMA CITY BEACH, FL 32413	
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7. Name and Address of New Registered Agent Name CARL M. Bergeron Street Address (P.O. Box Number is Not Acceptable) 3027 Simenole Rd. City Chipley FL 32428	
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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 CARL M. Bergeron Signature, typed or printed name of registered agent and title if applicable.	Carl M. Bergeron (NOTE: Registered Agent signature required when reinstating)	4-24-06 DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BERGERON, CARL M 43 FREEDOM WAY PANAMA CITY BEACH, FL 32413	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Bergeron, CARL M. 135 SIS LN. CARENCO, LA 70520	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Carl M. Bergeron SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	CARL M. BERGERON Date	4-24-06 Daytime Phone #
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