


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90009 033 ***150.00

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

Principal Place of Business 3027 SIMENOLE RD CHIPLEY FL 32428	Mailing Address 135 SIS LN CARENCRO LA 70520
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2. Principal Place of Business - No P.O. Box # 3027 Seminole Rd.	3. Mailing Address 3027 Seminole Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Chipley, FL	City & State Chipley, FL
Zip 32428	Zip 32428
Country Washington	Country Washington

1st MOORE CR2E034 (10/06)

4. FEI Number 33-1114280	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

6. Name and Address of Current Registered Agent BERGENON, CARL M 3027 SIMENOLE RD CHIPLEY FL 32428	
7. Name and Address of New Registered Agent Name N/A 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 **CARL M. Bergeron** *Carl M. Bergeron* **2-11-07**
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 Make Check Payable to Florida Department of State	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 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Carl M. Bergeron* **2-11-07-3372881435**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #