



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90105 029 \*\*\*150.00

<b>DOCUMENT # P94000007048</b> 1. Entity Name <b>ANOTHER CHANCE COUNSELING CENTER, INC.</b>					
Principal Place of Business <b>709 EXECUTIVE DR WINTER PARK, FL 32789</b>			Mailing Address <b>709 EXECUTIVE DR WINTER PARK, FL 32789</b>		
2. Principal Place of Business <b>711 Executive Drive</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>711 Executive Drive</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Winter Park, FL</b>		City & State <b>Winter Park, FL</b>		4. FEI Number <b>59-3224333</b>	
Zip <b>32789 -</b>		Country <b>USA -</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CONTI, FRAN 709 EXECUTIVE DR WINTER PARK, FL 32789</b>			7. Name and Address of New Registered Agent Name <b>Conti, Fran</b> Street Address (P.O. Box Number is Not Acceptable) <b>711 Executive Drive</b> City <b>Winter Park</b> State <b>FL</b> Zip <b>32789</b>		
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 <u><i>Fran Conti</i></u> <b>Fran Conti, President</b> <u>4/11/05</u> DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONTI, FRAN 709 EXECUTIVE DR WINTER PARK, FL 32789		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Conti, Fran 711 Executive Drive Winter Park, FL 32789	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" 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 exemption stated in Section 119.07(3)(i), 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 officers empowered.					
SIGNATURE: <u><i>Fran Conti</i></u>			Fran Conti <u>4/11/05</u> (407)629-6167		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		