## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P9400007048  1. Entity Name ANOTHER CHANCE COUNSELING CENTER, INC.					04-14-2005 9	00105 029 ***15	50.00
Principal Place of Business Mailing Address							
709 EXECUTIVE DR   Winter Park, Fl 32789   Winter Park, Fl 32789			)				
					IBAN SIBII ADNA BENI GENIN		{ <b>??</b>
Principal Place of Business     3. Mailing Address			. <del></del>				
711 Executive Drive 711 Executiv		<u> Drive</u>					
Suite, Apt. #, etc. Suite, Apt. #, etc.			03172005	Chg-P	CR2E034 (10/03)		
Winter	Park, Fl	Winter Park,	Fl	4. FEI Numbe 59-3224		}- <del> </del>	pplied For ot Applicable
<sup>Zip</sup> 32789 -	Country USA	<sup>Zip</sup> 32789 -	Country USA	5. Certificate of	of Status Desired	S8.75 Ad Fee Require	ditional ed
	6. Name and Address of Current F	Registered Agent	Name		Address of New Re	gistered Agent	
				<sup>Nam</sup> Conti, Fran			
709 EXECUTIVE DR WINTER PARK, FL 32789			Syreet Adp	Sydes Vote See GLA Box Sin Date 2 (A See Acceptable)			
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:		Winte	Winter Park FL 32989				
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.							
the obligations of registered agent,  The continuous of registered agent,  The contin							
SIGNATURE Signature, lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE							
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees							
		7					
After M	ay 1, 2005 Fee will be \$550.(	Trust Fund Contrib	oution.	Added to Fees ADDITIONS	CHANGES TO OFFIC	CERS AND DIRECTOR	
After M:	OFFICERS AND	Trust Fund Contrib	11.	Added to Fees  ADDITIONS/		CERS AND DIRECTOR	RS IN 11
After M	ay 1, 2005 Fee will be \$550.(	Trust Fund Contrib	11. TITLE NAME STREET ADDRESS	Added to Fees  ADDITIONS/  D  Conti, Fra	n		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND  CONTI, FRAN	Trust Fund Contrib	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees  ADDITIONS/	n ive Drive	□ Change	☐ Addition
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indicated on this report or supplemental report is rue and accurate and mat my signature shall have the same legal effect as it made under oath; that I am an officer of diffector of the corporation or the receiver of 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 tipe empowered.

Fran Conti

(407)629-6167