2004 FOR PROFIT O **ANNUAL R**

DOCUMENT # V40573

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CORPORATION EPORT	May 10, 2004 8:00 am Secretary of State
	05-10-2004 90473 033 ***150.00

1. Entity Name SECOND CHANCE OF HERNANDO, INC. Principal Place of Business Mailing Address 2486 RUNNING OAK CT 2486 RUNNING OAK CT 54053868 SPRING HILL, FL 34606 SPRING HILL, FL 34606 US US Principal Place of Business 3. Mailing Address 11049 Suite, Apt. #, etc 05042004 Chg-P CR2E034 (10/03) Sping City & State 4. FEI Number Applied For Spring 59-3187756 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П 34608 Hernando ternand Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent arnock CHARNOCK, WILLIAM T III 2486 RUNNING OAK CT SPRING HILL, FL 34608 34608 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 ager 5-6-01 SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **\$5.00** мау Ве 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE Charnock, William CHARNOCK, WILLIAM T III NAME NAME 2486 RUNNING OAK CT STREET ADDRESS STREET ADDRESS 11049 Spring 608 CITY-ST-ZP SPRING HILL, FL 34608 CITY-ST-7IP ☐ Delete Change ПΠЕ ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 like empowered.

SIGNATURE: