


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F96000005078  
1. Entity Name  
FIRST CHOICE FOR CONTINENCE, INC.



Principal Place of Business: 2919 MARLATT, MANHATTAN, KS 66502 US  
Mailing Address: 2919 MARLATT, MANHATTAN, KS 66502 US

**DO NOT WRITE IN THIS SPACE**



03082005 No Chg-P CR2E034 (10/03)

4. FEI Number: 84-1278575 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
FINSTROM-MCPHEE, KAREN  
3493 WINCHESTER DRIVE  
PORT ORANGE, FL 32119

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	NEWMAN, CARL T MD
STREET ADDRESS	3101 TAM O'SHANTER
CITY-ST-ZIP	HAYS, KS 67601
TITLE	VSD
NAME	FINSTROM-MCPHEE, KAREN
STREET ADDRESS	3493 WINCHESTER DRIVE
CITY-ST-ZIP	PORT ORANGE, FL 32119
TITLE	VTD
NAME	FOLKERTS, DEBRA J
STREET ADDRESS	1808 LITTLE KITTEN AVENUE
CITY-ST-ZIP	MANHATTAN, KS 66503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000278502  
03/28/05-80031-009 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature] DATE: 3/24/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #