


FILED
Mar 19, 2007 08:00 AM
Secretary of State

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F96000005078 1. Entity Name FIRST CHOICE FOR CONTINENCE, INC.	
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Principal Place of Business 2919 MARLATT MANHATTAN, KS 66502 US	Mailing Address 2919 MARLATT MANHATTAN, KS 66502 US
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DO NOT WRITE IN THIS SPACE



03082007 No Chg-P CR2E034 (11/05)

4. FEI Number 84-1278575	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FINSTROM-MCPHEE, KAREN
3493 WINCHESTER DRIVE
PORT ORANGE, FL 32119

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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, 2007 Fee will be \$550.00

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

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

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 03/28/07-80081-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Debra J Folkerts* 3/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #