


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90285 041 \*\*\*150.00

**DOCUMENT # P01000114084**

1. Entity Name  
**ANMAR HOMES INC.**



Principal Place of Business      Mailing Address  
~~55 DODECANESE BLVD~~      P.O. BOX 1541  
~~TARPON SPRINGS, FL 34689~~ US      TARPON SPRINGS, FL 34688-1541 US

**DUU6JJ1U**



2. Principal Place of Business      3. Mailing Address  
**819 S. Pinellas Ave**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

01132006      Chg-P      GR2E034 (11/05)

City & State      City & State  
**Tarpon Springs, FL**

4. FEI Number      Applied For  
**65-1168115**      Not Applicable

Zip      Country      Zip      Country  
**34689**      **USA**           **US**

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**NICHOLAS, ANTHONY J.**  
**1944 VERMONT AVE.**  
~~TARPON SPRINGS, FL 34689~~  
**3520 Woodridge Parkway**  
**Palm Harbor, FL 34684**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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:       DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**      **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NICHOLAS, JAMES A</b>	
STREET ADDRESS	<b>1720 LONGVIEW LANE</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS, FL 34689</b>	
TITLE	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>NICHOLAS, ANTHONY</b>	
STREET ADDRESS	<b>1311 VERMONT AVE.</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS, FL 34689</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3520 Woodridge Parkway</b>	
CITY-ST-ZIP	<b>Palm Harbor, FL 34684</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:   
**Anthony Nicholas, Jr**

DATE: 4-7-06      Phone: 727-934-7478