




2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-06-2005 90033 043 ***150.00
P04000164399

DOCUMENT # P04000164399						<p style="font-size: 24px; font-weight: bold;">FILED</p> <p style="font-size: 18px;">05 JUL 28 AM 11: 22</p> <p style="font-size: 14px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA 50055008</p>	
1. Entity Name HIDDEN RIDGE OF TARPON SPRINGS, INC.							
Principal Place of Business 3498 SHORELINE CIR PALM HARBOR, FL 34684		Mailing Address P.O. BOX 1541 TARPON SPRINGS, FL 34688					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06292005 Chg-P CR2E034 (10/03)			
City & State		City & State		4. FEI Number 11-3735453		Applied For Not Applicable	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
NICHOLAS, JAMES A 3498 SHORELINE CIR 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			\$5.00 May Be Added to Fees	
			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NICHOLAS, ANTHONY N			NAME			
STREET ADDRESS	1311 VERMONT AVE			STREET ADDRESS			
CITY - ST - ZIP	TARPON SPRINGS, FL 34689			CITY - ST - ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NICHOLAS, JAMES A			NAME			
STREET ADDRESS	3498 SHORELINE CIR			STREET ADDRESS			
CITY - ST - ZIP	PALM HARBOR, FL 34684			CITY - ST - ZIP			
TITLE	DST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NICHOLAS, DIANA J			NAME			
STREET ADDRESS	3498 SHORELINE CIR			STREET ADDRESS			
CITY - ST - ZIP	PALM HARBOR, FL 34684			CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 19.07(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 provided 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				Date: 6/29/05			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF EXERCISING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			