


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-10-2006 90285 038 ***150.00

DOCUMENT # P04000164399
 1. Entity Name
HIDDEN RIDGE OF TARPON SPRINGS, INC.




Principal Place of Business Mailing Address
3498 SHORELINE CIR **P.O. BOX 1541**
PALM HARBOR, FL 34684 **TARPON SPRINGS, FL 34688**

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

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

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

600212



01132006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
11-3735453 Not Applicable

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

6. Name and Address of Current Registered Agent
NICHOLAS, JAMES A
3498 SHORELINE CIR
PALM HARBOR, FL 34684

7. Name and Address of New Registered Agent
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NICHOLAS, ANTHONY N 1311 VERMONT AVE TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NICHOLAS, JAMES A 3498 SHORELINE CIR PALM HARBOR, FL 34684	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST NICHOLAS, DIANA J 3498 SHORELINE CIR PALM HARBOR, FL 34684	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	819 S. Pinellas Ave
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.*
Anthony Nicholas, Jr.

Date: **4-7-06** Phone: **727-934-7478**