

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-10-2006 90291 037 ***150.00

DOCUMENT # P05000030066
 1. Entity Name
BRITTANY PARK NORTH OF TARPON SPRINGS, INC.



Principal Place of Business
55 DODECANESE BLVD
TARPON SPRINGS, FL 34689

Mailing Address
55 DODECANESE BLVD
TARPON SPRINGS, FL 34689

60025813



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

3. Mailing Address
P.O. Box 1541
 Suite, Apt. #, etc.

01302006 Chg-P CR2E034 (11/05)

City & State
Tarpon Springs, FL

City & State
Tarpon Springs, FL

Zip
34689

Zip
34688

4. FEI Number
04-3807580

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
NICHOLAS, ANTHONY N JR
~~55 DODECANESE BLVD~~ **819 S. Pinellas Ave**
TARPON SPRINGS, FL 34689

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

7. Name and Address of New Registered Agent

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD NICHOLAS, ANTHONY N JR 55 DODECANESE BLVD TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	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	VSTD NICHOLAS, JAMES A 3498 SHORELINE CIRCLE PALM HARBOR, FL 34684 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 reports 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 titles empowered.

SIGNATURE *[Signature]*
Anthony Nicholas, Jr.

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