


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90028 013 \*\*\*\*70.00

<b>DOCUMENT # N04000003443</b>		
1. Entity Name MID FLORIDA BRITTANY CLUB, INC.		

Principal Place of Business 6745 17TH STREET SOUTH ST. PETERSBURG, FL 33712 US	Mailing Address 6745 17TH STREET SOUTH ST. PETERSBURG, FL 33712 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01232005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3230973</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PITTMAN, TONJA D SEC. 6745 17TH ST S ST. PETERSBURG, FL 33712		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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WAGONER, MIKE PRES. <input checked="" type="checkbox"/> Delete 10396 TIMBERCREST ROAD SPRING HILL, FL 34608	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RON CAMPBELL 1512 MAIN ST. SARASOTA FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLEN, CYNTHIA VP <input type="checkbox"/> Delete 13326 STAR ROAD BROOKSVILLE, FL 34613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. PITTMAN, TONJA SEC <input type="checkbox"/> Delete 6745 17TH ST. S. ST. PETERSBURG, FL 33712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR WHITLEY, WAYNE DIR <input checked="" type="checkbox"/> Delete 520 S MONTGOMERY AVE INVERNESS, FL 34452	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BESS WAMSLEY 6186 LARRY ST. VENICE FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CHILCOTE, SHIRLEY DIR <input type="checkbox"/> Delete 35717 SHELLY RD LEESBURG, FL 34788	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR HOWELL, ROBERT DIR <input type="checkbox"/> Delete 15638 MAHONEY DR SPRING HILL, FL 34610	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 exemption stated in Section 119.07(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 required by Chapter 617, 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: Tonja Pittman 2-19-05 813-281-1375  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #