


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 01, 2007 08:00 AM
Secretary of State**

DOCUMENT # P00000031674		
1. Entity Name BRITAR, INC.		
Principal Place of Business P.O. BOX 1852 LARGO, FL 33779	Mailing Address POST OFFICE BOX 1852 LARGO, FL 33779	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD PINNOCK, BRIAN L 404 161ST AVE REDINGTON BEACH, FL 33708	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSTD PINNOCK, TARI 404 161ST AVE. REDINGTON BEACH, FL 33708	
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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: <u>Tari Pinnoch</u> <u>TARI PINNOCK, V.P.</u> <u>1/29/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>727-455</u> <u>5912</u> <small>Daytime Phone #</small>



01282007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3635293	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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02/06/07-80048-013 150.00