


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000032008 1. Entity Name IP NICHOLSON HOUSE, INC.	
--	---

Principal Place of Business 2223 N. WESTSHORE BLVD, #101A TAMPA, FL 33607	Mailing Address 1012 NORTH OSCEOLA AVENUE CLEARWATER, FL 33755
---	--



02182004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1086523	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SWOPE, SCOTT 2450 SUNSET POINT RD SUITE D CLEARWATER, FL 33765
--

**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 <i>Sam E Purcell</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <i>2/23/04</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000066792 02/26/04-80030-014 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PURCELL, JANET L 1012 NORTH OSCEOLA AVENUE CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WARD, JOHN 2223 N WESTSHORE BLVD #101A TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Sam E Purcell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <i>2/23/04</i>	DAYTIME PHONE # <i>813-353-2111</i>