## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000032008

1. Entity Name
IP NICHOLSON HOUSE, INC.

Mailing Address

2223 N. WESTSHORE BLVD, #101A TAMPA, FL 33607

Principal Place of Business

1012 NORTH OSCEOLA AVENUE CLEARWATER, FL 33755 FILED Feb 03, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1086523 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

SWOPE, SCOTT 2450 SUNSET POINT RD SUITE D CLEARWATER, FL 33765

## DO NOT WRITE IN THIS SPACE

CLEARWATER, FL 33765			IN THIS SPACE				
	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	ed office or re	egistered agent, or bo	th, in the State of Florid	ia. I am iamiliar	with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	3 Agent signature	required when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees		(1000000416772 02/13/06-80029-001_150_00			
10.	OFFICERS AND DIREC	CTORS		Company of the company of the property of the			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PURCELL, JANET L 1012 NORTH OSCEOLA AVENUE CLEARWATER, FL 33755				VIII .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				에 마르크 (447)	#** 	e v v v mente	17.5
TITLE NAME STREET ADDRESS CITY-ST-ZIP				- 		<b>,</b> , , , , , , , , , , , , , , , , , ,	
12. I hereby o	certify that the information supplied with this f	iling does not qualify for the exe	emptions cor	Itained in Chapter 119	7. Florida Statutes. I fu	rther 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3-313-21/