

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-10-2006 90298 037 \*\*\*158.75

**DOCUMENT # P02000117293**

1. Entity Name  
**BRITANI CORP.**



Principal Place of Business  
**2603-B MAITLAND CENTER PKWY.  
MAITLAND, FL 32751**

Mailing Address  
**2603-B MAITLAND CENTER PKWY.  
MAITLAND, FL 32751**

**60026188**



02232006 Chg-P CR2E034 (11/05)

4. FEI Number  
**11-3662380**

Applied For  
☐ Not Applicable

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

2. Principal Place of Business  
**2701 Maitland Center Pkwy**

3. Mailing Address  
**2701 Maitland Center Pkwy**

Suite, Apt. #, etc.  
**Suite 225**

Suite, Apt. #, etc.  
**Suite 225**

City & State  
**Maitland, FL**

City & State  
**Maitland, FL**

Zip  
**32751**

Country  
**Orange**

Zip  
**32751**

Country  
**Orange**

## 6. Name and Address of Current Registered Agent

**STEIN, CLIFFORD L**  
**2603-B MAITLAND CENTER PKWY.**  
**MAITLAND, FL 32751**  
**2701 Maitland Center Prkwy, Suite 225**  
**Maitland, FL 32751**

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**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

**D**  
**STEIN, CLIFFORD L**  
**2603-B MAITLAND CENTER PKWY.**  
**MAITLAND, FL 32751**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**2701 Maitland Center Parkway, Suite 225**  
**Maitland, FL 32751**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P**  
**RIVELLI, ADELE**  
**2603-B MAITLAND CENTER PKWY.**  
**MAITLAND, FL 32751**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**2701 Maitland Center Parkway, Suite 225**  
**Maitland, FL 32751**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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 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

**4/6/06** **407-659-0120**  
Date Devlin Phone #