

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

08-22-2005 90060 004 \*\*\*150.00

<b>DOCUMENT # P04000028432</b>	
1. Entity Name <b>BRITKEN MANAGEMENT SERVICES, INC.</b>	



Principal Place of Business <b>3711 KEYSTONE ROAD TARPON SPRINGS, FL 34688</b>	Mailing Address <b>3711 KEYSTONE ROAD TARPON SPRINGS, FL 34688</b>
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**50062647**

2. Principal Place of Business <b>568 Vista Trail Court</b>	3. Mailing Address <b>568 Vista Trail Court</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



08172005 Chg-P CR2E034 (10/03)

City & State <b>Palm Harbor FL</b>	City & State <b>Palm Harbor FL</b>
Zip <b>34683</b>	Zip <b>34683</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>20-0619240</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>WEISEL, HOLLY K 3711 KEYSTONE ROAD TARPON SPRINGS, FL 34688</b>	7. Name and Address of New Registered Agent Name <b>HOLLY KAY WEISEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>568 VISTA TRAIL COURT</b> City <b>Palm Harbor</b> <b>FL</b> Zip Code <b>34683</b>
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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>[Signature]</i> Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE <b>8-16-05</b>

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>President</b> <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HOLLY KAY WEISEL</b>	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>568 VISTA TRAIL COURT</b>	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP <b>Palm Harbor FL 34683</b>	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>Vice President</b> <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Britni Nichole Weisel</b>	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>232 WILKIE STREET</b>	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP <b>Dunedin FL 34698</b>	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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.
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SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <b>8-16-05</b> Date	DAYTIME PHONE: <b>(727) 251-1907</b> Daytime Phone #
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