

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

03-03-2008 90196 047 ***150.00

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1. Entity Name

HIDDEN RIDGE OF TARPON SPRINGS, INC.



Principal Place of Business

819 S PINELLAS AVE
TARPON SPRINGS, FL 34689

Mailing Address

P.O. BOX 1541
TARPON SPRINGS, FL 34688



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

11-3735453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NICHOLAS, JAMES A
3498 SHORELINE CIR
PALM HARBOR, FL 34684

**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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
NICHOLAS, ANTHONY N
819 S PINELLAS AVE
TARPON SPRINGS, FL 34689

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
NICHOLAS, JAMES A
3498 SHORELINE CIR
PALM HARBOR, FL 34684

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
NICHOLAS, DIANA J
3498 SHORELINE CIR
PALM HARBOR, FL 34684

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 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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-08

Date

222-934-7478

Daytime Phone #