
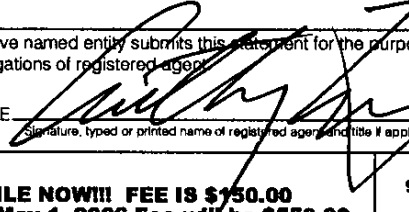


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-10-2006 90291 037 \*\*\*150.00

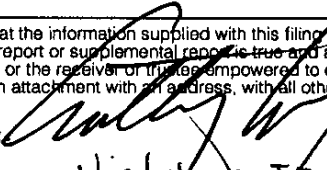
<b>DOCUMENT # P05000030066</b>			
1. Entity Name <b>BRITTANY PARK NORTH OF TARPON SPRINGS, INC.</b>			
Principal Place of Business <b>55 DODECANESE BLVD TARPON SPRINGS, FL 34689</b>		Mailing Address <b>55 DODECANESE BLVD TARPON SPRINGS, FL 34689</b>	
2. Principal Place of Business <b>819 S. Pinellas Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 1541</b> Suite, Apt. #, etc.	
City & State <b>Tarpon Springs, FL</b> Zip <b>34689</b>		City & State <b>Tarpon Springs, FL</b> Zip <b>34688</b>	
4. FEI Number <b>04-3807580</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>NICHOLAS, ANTHONY N JR 55 DODECANESE BLVD TARPON SPRINGS, FL 34689</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD NICHOLAS, ANTHONY N JR 55 DODECANESE BLVD TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>819 S. Pinellas Ave</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD NICHOLAS, JAMES A 3498 SHORELINE CIRCLE PALM HARBOR, FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**60025813**



01302006 Chg-P CR2E034 (11/05)

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 the empowered.

SIGNATURE   
**Anthony Nicholas, Jr.**

Date: 4-7-06 Phone: 727-934-7478