

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000086783

Entity Name: NORTH PARK CENTER, INC.

FILED
Feb 15, 2006
Secretary of State

Current Principal Place of Business:

12360 66TH STREET NORTH
LARGO, FL 33773

New Principal Place of Business:

Current Mailing Address:

12360 66TH STREET NORTH
LARGO, FL 33773

New Mailing Address:

FEI Number: 59-3472354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBS, LENORE
12360 66TH STREET NORTH
LARGO, FL 33773 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOYLES, MICHAEL S
Address: 12360 66TH STREET NORTH
City-St-Zip: LARGO, FL 33773

Title: VD () Delete
Name: MOYLES, ASHLEY E
Address: 12360 66TH STREET NORTH
City-St-Zip: LARGO, FL 33773

Title: STD () Delete
Name: MOYLES, NATALIE J
Address: 12360 66TH STREET NORTH
City-St-Zip: LARGO, FL 33773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL S. MOYLES

PD

02/15/2006

Electronic Signature of Signing Officer or Director

Date