


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-13-2006 90022 046 ***150.00

DOCUMENT # P99000087846 1. Entity Name M P NICHOLSON HOUSE, INC.	
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Principal Place of Business 1605 SNOW AVENUE TAMPA, FL 33606	Mailing Address 1605 SNOW AVENUE TAMPA, FL 33606
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01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3600894	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SWOPE, SCOTT ESQ 2450 SUNSET POINT ROAD SUITE D CLEARWATER, FL 33765
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**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 _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURCELL, MISSY L 1605 SNOW AVENUE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURCELL, JANET L 1012 N. OSCEOLA AVE. CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURCELL, CHARLES P 3232 S. MACDILL AVE., #208 TAMPA, FL 33629
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 fees empowered.

SIGNATURE: Janet Purcell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/06 813 353211
Date Daytime Phone



ATTACHMENT

66003019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2006

M P NICHOLSON HOUSE, INC.
1605 SNOW AVENUE
TAMPA, FL 33606

Subject: M P NICHOLSON HOUSE, INC.

Reference Number: P99000087846

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION