


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90408 025 ***150.00

DOCUMENT # F15711

1. Entity Name
CARL NISSENBAUM, INC.



Principal Place of Business Mailing Address

% CARL NISSENBAUM **% CARL NISSENBAUM**
1609 WOODCHUCK CT **1609 WOODCHUCK CT**
WINTER SPRINGS FL 32708 **WINTER SPRINGS FL 32708**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-2050347 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

NISSENBAUM, CARL
1609 WOODCHUCK CT
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004. Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	NISSENBAUM, CARL	
STREET ADDRESS	1609 WOODCHUCK CT	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NISSENBAUM, GERALDINE	
STREET ADDRESS	1609 WOODCHUCK CT	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:  **Carl Nissenbaum** 3-23-04 407-365-5135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #