2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNUAL REPORT (AR)						FILED			
DOCU 1. Entity Nan	MENT # F15711					Mar 16, 2			
CARL NIS	SSENBAUM, INC.		•		!	Secre	iary or s	raic	
Principal Place of Business Mailing Address				<del></del>	1				
1609 WOODCHUCK CT 1		1609 WOODCHUC	% CARL NISSENBAUM 1609 WOODCHUCK CT WINTER SPRINGS FL 32708		 	N198 4485 (1881 NIII   Nach   1885	El work State Miller wicki mil	<b>20 Million I</b> D 1844	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/04)				
City & State		City & State	City & State		4. FEI Numb	<sup>jer</sup> 59-2050347		Applied For	
Zip	Country	Zip	Cour	ntry	5. Certificate	e of Status Desired	□ \$8.75 Fee Red	Additional	
	6. Name and Address of Current	Registered Agent			7. Name and	d Address of New Re		,	
	OF LIDALIST CAR			Name	• • • •				
NISSENBAUM, CARL 1609 WOODCHUCK CT WINTER SPRINGS FL 32708				Street Address (P.O. Box Number is Not Acceptable)					
				City	· <del>-</del> ,. ·	· ,	FL Zip	Code	
8. The above	named entity submits this statement for	or the purpose of changing	its register	red office or register	red agent, or bo	oth, in the State of Flori	;	with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (	NOTE Registere	ed Agent signature required	(when rainstating	·. <del></del>	DATE	<del></del> .	
F	ILE NOW!!! FEE IS \$150.00					o Slovkov Commis		ec 00	
Make Check	May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department o	f State				9. Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees	
10.	OFFICERS AND		11.		ADDITIONS	CHANGES TO OFFIC		<del></del>	
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STREET ADDRESS	1609 WOODCHUCK CT			EFT ADDRESS		U00000264 03/16/05-800	801 120- <i>00</i> 5 +50		
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STREET ADDRESS CITY-ST-ZIP				EET ADDRESS ST-ZIP					
	L	this filing does not aualify		1	ction Tightora	(i), Florida Statutes, 1 fr	uther certify that the	he information	
indicatéd of the cor changed,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address,	s true and accurate and the owered to execute this rep with all other like empower	at my signa ort as requi ed.	ture shall have the s red by Chapter 607	same legal effect, Florida Statute	et as if made under oat as; and that my name a	th, that I am an off appears in Block 1	icer or director 10 or Block 11 if	

3-13-05 407-365-5135 Date Daytime Phone 9