

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2005 08:00 AM
Secretary of State

DOCUMENT # F89299

1. Entity Name

NESBIT RESTAURANT, INC.



Principal Place of Business

5913 AVENUE B
JACKSONVILLE, FL 32209

Mailing Address

5913 AVENUE B
JACKSONVILLE, FL 32209



03122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2202965

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NESBIT, NATHAN JR
5801 LUSAID DR
JACKSONVILLE, FL 32209

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NESBIT, NATHAN JR
STREET ADDRESS	5801 LUSAID
CITY - ST - ZIP	JACKSONVILLE, FL 32209
TITLE	VSD
NAME	NESBIT, NATALIE
STREET ADDRESS	1719 GLENLEA VISTA DR
CITY - ST - ZIP	CHARLOTTE, NC 28216
TITLE	V
NAME	NESBIT, ONIRETTA B
STREET ADDRESS	5801 LUSAID DR
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	VSD
NAME	NESBIT, NATHAN III
STREET ADDRESS	5327 ANSONIA CT
CITY - ST - ZIP	ORLANDO, FL 32839
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/16/05-80002-005 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Nathan Nesbit Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NATHAN NESBIT JR. 3-14-05 9047684432

DATE

Daytime Phone #