


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

2/6/2004-90022-010-\$150.00-\$150.00

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<b>DOCUMENT # G32689</b>			
1. Entity Name <b>HENRY J. NITE SALES, INC.</b>			
Principal Place of Business <b>5049 ENCINITAS DR DELRAY BEACH FL 33484 US</b>		Mailing Address <b>5049 ENCINITAS DR DELRAY BEACH FL 33484 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

04 JUL 16 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>FLA. DEP OF STATE, DIV. OF CORP DADE COUNTY CORPORATE AGENTS, INC. 20804 BIGGAYNE BLVD P.O. Box 6198 SUITE 505 NORTH MIAMI BEACH FL 33130 Tallahassee, FL 32314</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <b>See Attached</b>			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and file if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when resigning)</small>	

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS NITE, HENRY 5049 ENCINITAS DRIVE DELRAY BEACH FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NITE, CAROLYN 5049 ENCINITAS DRIVE DELRAY BEACH FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Henry J. Nite, President **2-2-04** **561-638-3223**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

pg 2 of 2

Henry J. Nite Sales, Inc.  
5049 Encinitas Drive  
Delray Beach, Florida 33484  
561-638-3273 – Fax: 561-638-0163

February 17, 2004

Glenda E. Hood, Secretary of State  
Florida Dept. of State, Div. Of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Dear Ms. Hood:

As per your letter of February 10, 2004, please be advised that my registered agents address is as follows.

Dade County Corporate Agent  
18901 N. E. 29<sup>th</sup>, Avenue, Suite 100  
Aventura, Florida 33180

Respectfully,

Henry J. Nite, President