

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90326 009 \*\*\*150.00

**DOCUMENT # P01000002104**

1. Entity Name  
**NIGHTENGALE ENTERPRISES, INC.**



Principal Place of Business  
**7175 53RD ST  
VERO BEACH, FL 32967**

Mailing Address  
**7165 53RD ST  
VERO BEACH, FL 32967**

**24046242**



2. Principal Place of Business  
**7165 53rd STREET**

3. Mailing Address  
Suite, Apt. #, etc.

02182004 Chg-P CR2E034 (10/03)

City & State  
**VERO BEACH, FL**

City & State

4. FEI Number  
**65-1072054**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NIGHTENGALE, TIMOTHY P  
7175 53RD ST  
VERO BEACH, FL 32967**

Name **PAUL E. NIGHTENGALE**

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

**7165 53rd STREET**

City **VERO BEACH**

**FL**

Zip Code **32967**

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 *Paul E. Nightengale*

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/14/04**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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** ☐ Delete  
NAME **NIGHTENGALE, PAUL E**  
STREET ADDRESS **7175 53RD ST**  
CITY-ST-ZIP **VERO BEACH, FL 32967**

TITLE **D** ☒ Delete  
NAME **NIGHTENGALE, TIMOTHY P**  
STREET ADDRESS **7175 53RD ST**  
CITY-ST-ZIP **VERO BEACH, FL 32967**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **DVP**  
STREET ADDRESS **ESTHER J. NIGHTENGALE**  
CITY-ST-ZIP **7165 53rd STREET  
VERO BEACH FL 32967**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Paul E. Nightengale* **Paul E. Nightengale** **4/14/04** **(772) 567-9059**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #