

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90305 037 \*\*\*150.00

**DOCUMENT # P02000027886**

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



Principal Place of Business  
**2978 OLD DIXIE HWY  
UNIT D  
KISSIMMEE, FL 34744**

Mailing Address  
**2978 OLD DIXIE HWY  
UNIT D  
KISSIMMEE, FL 34744**

**94049464**

2. Principal Place of Business

**2048 Derby Glen Drive**  
Suite, Apt. #, etc.

3. Mailing Address

**2048 Derby Glen Drive**  
Suite, Apt. #, etc.

04012004 Chg-P CR2E034 (10/03)

City & State

**Orlando FL**

City & State

**Orlando FL**

4. FEI Number

**59-3576071**

Applied For

Not Applicable

Zip

**32837**

Country

**Orange**

Zip

**32837**

Country

**Orange**

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEVITT, NEIL B  
5609 DELAND LANE  
ORLANDO, FL 32821**

7. Name and Address of New Registered Agent

Name

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

**2048 Derby Glen Drive**

City

**Orlando**

FL

Zip Code

**32837**

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, 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 **P** ☐ Delete  
NAME **LEVITT, NEIL B**  
STREET ADDRESS **5609 DELAND LANE**  
CITY-ST-ZIP **ORLANDO, FL 32821**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2048 Derby Glen Drive**  
CITY-ST-ZIP **Orlando FL 32837**

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

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

TITLE ☐ Change ☐ Addition  
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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:** **Neil B Levitt, President** 4/14/04 407-889-8978  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #