


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000048605	
1. Entity Name M.T. NEST ENTERPRISES, INC.	

Principal Place of Business 3458 BALSAM DRIVE WINTER PARK, FL 32792-2015	Mailing Address 3458 BALSAM DRIVE WINTER PARK, FL 32792-2015
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DO NOT WRITE IN THIS SPACE



07122006 No Chg-P CR2E034 (11/05)

4. FEI Number 90-0038980	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MURPHY, MARY J
3458 BALSAM DRIVE
WINTER PARK, FL 32792-2015

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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 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MURPHY, JOHN T 3458 BALSAM DRIVE WINTER PARK, FL 327922015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD MURPHY, MARY J 3458 BALSAM DRIVE WINTER PARK, FL 327922015
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07/18/06-90005-006-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **JOHN T. MURPHY** 7/12/06 907-677-5959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #