


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-09-2005 90038 002 ***150.00

DOCUMENT # P02000081351

1. Entity Name
NARDAT ENTERPRISES, INC.



Principal Place of Business
**2760 CINTRON DRIVE
 LONGWOOD, FL 32779**

Mailing Address
**2760 CINTRON DRIVE
 LONGWOOD, FL 32779**

2. Principal Place of Business
2760 CITRON DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
2760 CITRON DRIVE
 Suite, Apt. #, etc.

City & State
LONGWOOD, FL

City & State
LONGWOOD, FL

Zip **32779** Country **USA**

Zip **32779** Country **USA**

01112005 Chg-P CR2E034 (10/03)

4. FEI Number
76-0705777

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HUIJSMANS, TAMMIE L
2760 CINTRON DRIVE
LONGWOOD, FL 32779

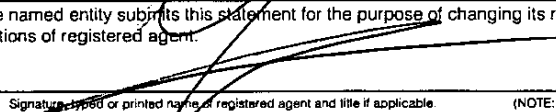
7. Name and Address of New Registered Agent

Name
TAMMIE L HUIJSMANS

Street Address (P.O. Box Number is Not Acceptable)
2760 CITRON DRIVE

City **LONGWOOD** State **FL** Zip Code **32779**

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:  DATE: **3/3/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P HUIJSMANS, ANDRE A 2760 CINTRON DRIVE LONGWOOD, FL 32779	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUIJSMANS, TAMMIE L 2760 CINTRON DRIVE LONGWOOD, FL 32779	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2760 CITRON DRIVE LONGWOOD, FL 32779	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2760 CITRON DRIVE LONGWOOD, FL 32779	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 powers.

SIGNATURE:  **TAMMIE HUIJSMANS** DATE: **3/3/05** DAYTIME PHONE #: **407-579-7280**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR