## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

**SIGNATURE:** 

## Feb 25, 2004 8:00 am Secretary of State DOCUMENT # P36584 1. Entity Name NUT-TREE STABLES, INC. Principal Place of Business Mailing Address 67 BARLOW DRIVE NORTH 67 BARLOW DRIVE N. **BROOKLYN NY 11234 BROOKLYN NY 11234** 2. Principal Place of Business Mailing Address 67 Barlow North Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 52-1751003 brooklyn Not Applicable Zip Zip \$8.75 Additional 5. Certificate of Status Desired 11234 Fee Required 11234 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NUSSBAUM, HELEN C -Street Address (P.O. Box Number is Not Acceptable) 15896 LAUREL OAK CIRCLE DELRAY BEACH FL 33484 Zip Code 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 (NOTE: Registered Agent signature FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME NUSSBAUM, HELEN C NAME STREET ADDRESS 67 BARLOW DRIVE NORTH STREET ADDRESS **BROOKLYN NY** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NUSSBAUM, ARNOLD 67 BARLOW DRIVE NORTH STREET ADDRESS STREET ADDRESS **BROOKLYN NY 11234** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**