


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000051404 1. Entity Name NESBITT INTERNATIONAL ENTERPRISES, INC.	
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Principal Place of Business 4288 W. HIGHWAY 441 P.O. BOX 281 ZELLWOOD, FL 32798	Mailing Address P.O. BOX 281 ZELLWOOD, FL 32798
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DO NOT WRITE IN THIS SPACE



04072004 No Chg-P CR2E034 (10/03)

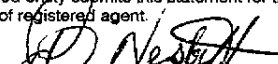
4. FEI Number 59-3385178	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NESBITT, BRIAN
4288 W. HIGHWAY 441
ZELLWOOD, FL 32798**

**DO NOT WRITE
IN THIS SPACE**

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:  **4-16-04**

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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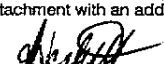
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NESBITT, BRIAN 4288 W. HIGHWAY 441 ZELLWOOD, FL 32798
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NESBITT, JEAN 4288 W. HIGHWAY 441 ZELLWOOD, FL 32798
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NESBITT, DARREN L 4288 W. HIGHWAY 441 ZELLWOOD, FL 32798
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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04/19/04-80041-013 150.00

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:  **Jean Nesbitt** **4-16-04** **352-383-0995**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #