

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90009 020 ***150.00

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07012004 Chg-P CR2E034 (10/03)

DOCUMENT # P98000017495 1. Entity Name N. T. ENTERPRISES INC.					
Principal Place of Business 15117 NATUREWALK DRIVE TAMPA, FL 33624			Mailing Address 3837 N. DALE BLVD #114 TAMPA, FL 33624		
2. Principal Place of Business 2420 Lost Pine Trail Suite, Apt. #, etc.		3. Mailing Address 19514 Cortez Blvd #220 Suite, Apt. #, etc.			
City & State Bruksville FL		City & State Bruksville FL		4. FEI Number 59-3500035	
Zip 34604		Country Hernando		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUFFMAN, JEFF 15117 NATUREWALK DRIVE TAMPA, FL 33624		7. Name and Address of New Registered Agent Name D. Jeffrey Huffman Street Address (P.O. Box Number is Not Acceptable) 2420 Lost Pine Trail City Bruksville FL Zip Code 34604			
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 D. Jeffrey Huffman 7-1-04 <small>Signature, type, and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		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.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUFFMAN, JEFF 15117 NATUREWALK DRIVE TAMPA, FL 33624	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUFFMAN, CHERYL 15117 NATUREWALK DRIVE TAMPA, FL-33624	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 empowered.					
SIGNATURE: D. Jeffrey Huffman 7-1-04 813 205-9090 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					