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

SIGNATURE:

## Aug 09, 2004 8:00 am Secretary of State DOCUMENT # P99000038074 1. Entity Name 08-09-2004 90013 016 \*\*\*150.00 NMT ENTERPRISES, INC. Principal Place of Business Mailing Address 1732 TIMOCUAN WAY 1732 TIMOCUAN WAY LONGWOOD FL 32750 LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) City & State City & State 4. FEI Number Applied For 59-3572780 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TILIAKOS, NICHOLAS Street Address (P.O. Box Number is Not Acceptable) 1732 TIMOCUAN WAY LONGWOOD FL 32750 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 egistered agent. 7-31-04 typed or printed name of registered agent and title if applicable (NOTE: Registered Agen) signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00, Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE Change ■ Addition TILIAKOS, NICHOLAS M NAME NAME 1732 TIMOCUAN WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32750 CITY-ST-ZIP. TITLE ☐ Delete TITLE ☐ Change noitibha [ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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 of rustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #

Date

attachmens 44051735

To whom it may concern,

Enclosed is a check for \$150.

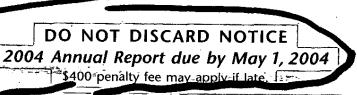
I requested document #99000038074 in April but never received it. I enclosed the first notice your office sent me as evidence that I had ripped the request notice and mailed it...but never received the form.

I appreciate that you recommend we pay thru the computer, but felt uneasy about paying by credit card as I had problems with several hackers during the winter, who had hacked into my computer, stolen my credit card numbers on several occassions and used them.

Please accept this explanation and excuse me from the penalty.

Thanks for your understanding,

Nicholas M. Tiliakos CEO NMT Enterprises



The Annual Report (AR) notification process has changed.

This postcard is your reminder that it is now time to file your 2004 AR.

To expedite filing, we offer the following filing options:

## OPTION 1 - File Online (recommended)



- Visit www.sunbiz.org. It's faster and easier!
- Available 24 hours a day, 7 days a week
- Mastercard, Visa or American Express accepted
   Free public access to the Internet is available at your local public library.

## OPTION 2 - Submit form and check by mail



- Immediately download preprinted form from www.sunbiz.org.
- No credit card information required
- Return attached postcard to receive form by mail
- Allow 7-10 business days for delivery