

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90051 045 ***150.00

DOCUMENT # P00000075285

1. Entity Name

NEF DEVELOPMENT CORPORATION, INC.



Principal Place of Business

3593 WESTOVER ROAD
ORANGE PARK FL 32093

Mailing Address

3593 WESTOVER ROAD
ORANGE PARK FL 32093

2. Principal Place of Business

3593 Westover Rd.

Suite, Apt. #, etc.

3. Mailing Address

3593 Westover Rd.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Orange Park, FL

City & State

Orange Park, FL

Zip

32003

Country

Clay

Zip

32003

Country

Clay

4. FEI Number

59-3672561

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALL, GEORGE H.G.
4736 BLANDING BLVD
ORANGE PARK FL 32003

7. Name and Address of New Registered Agent

Name

L. Freeman Brooks

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

3593 Westover Rd

City

Orange Park

FL

Zip Code

32003

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

Freeman Brooks L. Freeman Brooks - President

3-5-04

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME BROOKS, FREEMAN L
STREET ADDRESS 3593 WESTOVER ROAD
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE V ☐ Delete
NAME DYSON, JEFFERY D
STREET ADDRESS 1442 ROSECRANS LANE
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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.

SIGNATURE: Freeman Brooks L. Freeman Brooks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-04

Date

904 278 2771

Daytime Phone #