

ANNUAL REPORT

DOCUMENT # P00000098120

1. Entity Name
N.E.I. GROUP, INC.



FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90193 026 ***150.00

Principal Place of Business
557 CONSTRUCTION LN, STE 2
LEHIGH ACRES, FL 33936

Mailing Address
557 CONSTRUCTION LN, STE 2
LEHIGH ACRES, FL 33936

2. Principal Place of Business
142 Carlisle Ave. S.
Suite, Apt. #, etc.

3. Mailing Address
142 Carlisle Ave. S.
Suite, Apt. #, etc.

City & State
Lehigh Acres, FL
Zip 33936 Country USA

City & State
Lehigh Acres, FL
Zip 33936 Country USA

04302004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1064017
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAULT, BRYAN
557 CONSTRUCTION LN, STE 2
LEHIGH ACRES, FL 33936

7. Name and Address of New Registered Agent

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

SIGNATURE

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: ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME NAULT, BRYAN
STREET ADDRESS 557 CONSTRUCTION LN, STE 2
CITY-ST-ZIP LEHIGH ACRES, FL 33936 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

Bryan Nault

Bryan Nault

4/30/04

239-369-3941

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

Date

Daytime Phone #