

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P94000019287**

1. Entity Name  
NFI, INC.



**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
7051 GROVELAND AIRPORT ROAD  
GROVELAND, FL 34736

Mailing Address  
7051 GROVELAND AIRPORT ROAD  
GROVELAND, FL 34736



01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3232690

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

NEWCOMB, HAROLD W  
7051 GROVELAND AIRPORT ROAD  
GROVELAND, FL 34736

**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

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 NEWCOMB, HAROLD W  
STREET ADDRESS 7051 GROVELAND AIRPORT ROAD  
CITY-ST-ZIP GROVELAND, FL

TITLE D  
NAME NEWCOMB, ROSEMARIE O  
STREET ADDRESS 7051 GROVELAND AIRPORT ROAD  
CITY-ST-ZIP GROVELAND, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U00000003083  
01/13/04-80039-023 150.00

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:** *HAROLD W NEWCOMB*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1-8-04 352 429 522*