

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000086837

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: NAVE INTERNATIONAL, INC.

**Current Principal Place of Business:**

1703 LITTLE POINT CIR.  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

C/O NEVIN A. WEINER, P.A.  
100 WALLACE AVENUE, SUITE 100  
SARASOTA, FL 34237

**New Mailing Address:**

FEI Number: 65-0870267      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEINER, NEVIN A  
100 WALLACE AVENUE  
SUITE 100  
SARASOTA, FL 34237

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: STENGER, KATHERINE  
Address: 1703 LITTLE POINTE CIR  
City-St-Zip: SARASOTA, FL 34231

Title: DVP ( ) Delete  
Name: NAVE, JOHN  
Address: 1703 LITTLE POINTE CIR  
City-St-Zip: SARASOTA, FL 34231

Title: DVP ( ) Delete  
Name: NAVE, RUTH  
Address: 1703 LITTLE POINTE CIR  
City-St-Zip: SARASOTA, FL 34231

Title: DST ( ) Delete  
Name: STENGER, VINCENT G  
Address: 1703 LITTLE POINTE CIR  
City-St-Zip: SARASOTA, FL 34231

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERINE STENGER

DP

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date