

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

08-09-2004 90013 014 ***150.00

DOCUMENT # P99000005271

1. Entity Name

N & E GROUP, INC.



Principal Place of Business

**334 E STATE ROAD 200
FERNANDINA BEACH FL 32034**

Mailing Address

**334 E STATE ROAD 200
FERNANDINA BEACH FL 32034**

2. Principal Place of Business

334 E SR 200

Suite, Apt. #, etc.

City & State

Fernandina Beach

Zip

32034

Country

3. Mailing Address

P.O. Box 15368

Suite, Apt. #, etc.

City & State

Amelia Is FL

Zip

32035

Country



MOORE

CR2E034 (4/04)

4. FEI Number

22-3629435

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NAVON, GIL
334 E STATE ROAD 200
FERNANDINA BEACH FL 32034**

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 \$550.00
DUE BY September 8, 2004**

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	NAVON, GIL	
STREET ADDRESS	P.O. BOX 2812	
CITY-ST-ZIP	TYBEE ISLAND GA 31328	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ESHEL, ERIK	
STREET ADDRESS	70 RUGBY RD.	
CITY-ST-ZIP	ROSLYN HEIGHTS NY	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NAVON, ZIV	
STREET ADDRESS	P.O. BOX 2812	
CITY-ST-ZIP	TYBEE ISLAND GA 31328	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NAVON, RONEN	
STREET ADDRESS	P.O. BOX 2812	
CITY-ST-ZIP	TYBEE ISLAND GA 31328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-4-04 912-7869596