

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90191 038 ***150.00

DOCUMENT # P99000005271

1. Entity Name
N & E GROUP, INC.



Principal Place of Business
**2992 SOUTH 8TH STREET
FERNANDINA BEACH, FL 32034**

Mailing Address
**P.O. BOX 2497
TYBEE ISLAND, GA 31327**

DO NOT WRITE IN THIS SPACE



03292007 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3629435	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NAVON, GIL
2992 SOUTH 8TH STREET
FERNANDINA BEACH, FL 32034**

**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 reissuing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NAVON, GIL
STREET ADDRESS	P.O. BOX 2497
CITY-ST-ZIP	TYBEE ISLAND, GA 31328

TITLE	VD
NAME	ESHEL, ARIK
STREET ADDRESS	70 RUGBY RD.
CITY-ST-ZIP	ROSLYN HEIGHTS, NY

TITLE	SD
NAME	NAVON, ZIV
STREET ADDRESS	P.O. BOX 2018
CITY-ST-ZIP	TYBEE ISLAND, GA 31328

TITLE	TD
NAME	NAVON, RONEN
STREET ADDRESS	P.O. BOX 2812
CITY-ST-ZIP	TYBEE ISLAND, GA 31328

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* **4-16-2007** **912-186-6328**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #