


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90007 031 ***150.00

DOCUMENT # P08691	
1. Entity Name COLMAN & HIRSCHMANN INC.	

Principal Place of Business 127 CUTTER MILL ROAD GREAT NECK, NY 11021 US	Mailing Address <i>ONE LINDEN PLACE, SUITE 302</i> 127 CUTTER MILL ROAD GREAT NECK, NY 11021 US
--	--

54062669



07062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-5631245	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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE, FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HIRSCHMANN, HOWARD /ASST 14 RIDGE DR. E. GREAT NECK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIRSCHMANN, HOWARD 14 RIDGE DR. E. GREAT NECK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HIMES, RAYMOND 1758 SABAL PALM DR BOCA RATON, FL
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

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: Howard Hirschmann *President* 7-12-04 576-489-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #