


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # 167526
 1. Entity Name
NEUMANN OIL COMPANY



Principal Place of Business Mailing Address
4901 W. HILLSBOROUGH AVE. **4901 W. HILLSBOROUGH AVE.**
TAMPA, FL 33634 **TAMPA, FL 33634**



03092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0671665 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SCHMITZ, CHARLOTTE, C
4901 W. HILLSBOROUGH AVE
TAMPA, FL 33634

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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
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 NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, ROBERT W 100 N. TAMPA ST. #2120 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHMITZ, CHARLOTTE C 17601 HACKAMORE PL LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS SCHMITZ, RICHARD G 17601 HACKAMORE PL LUTE, FL 33549
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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: *Charlotte C Schmitz* **CHARLOTTE C Schmitz** *3/23/04* *813-884-4544*

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