

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # 341119

1. Entity Name
NAUMAN ENTERPRISES, INC.



Principal Place of Business
**3717 SDXEHWW
POBOX6815
WPALMBCH FL 33405**

Mailing Address
**3717 SDXEHWW
POBOX6815
WPALMBCH FL 33405**



01082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1287812	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NAUMAN, NANCY
3717 S DIXIE HWY
WEST PALM BEACH, FL 33405**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NAUMAN, NANCY
STREET ADDRESS	3717 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP	WEST PAM BEACH, FL 33405

TITLE	D
NAME	BUETTNER, SUZANNE N
STREET ADDRESS	1408 ALPHA COURT SOUTH
CITY-ST-ZIP	WEST PALM BEACH, FL 33406

TITLE	D
NAME	FOOSE, KARL J
STREET ADDRESS	4100 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP	WEST PALM BEACH, FL 33405

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 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: Nancy A. Nauman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/06 561-588-3119
Date Daytime Phone #