

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 562053

1. Entity Name  
W.A. NEUMANN CONSTRUCTION, INC.



Principal Place of Business  
12304 CURLEY RD.  
SAN ANTONIO, FL 33576 US

Mailing Address  
P.O. BOX 1207  
SAN ANTONIO, FL 33576-1207 US

FILED

05 MAY -9 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04262005 Chg-P CR2E034 (10/03)

4. FEI Number  
59-1819167

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

GIBBS, A.P.  
37937 HEATHER PL  
DADE CITY, FL 33525

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Amended AR is \$61.25

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	NEUMANN, WARREN A JR	
STREET ADDRESS	P.O. BOX 1207	
CITY-ST-ZIP	SAN ANTONIO, FL 33576	
TITLE	V	<input type="checkbox"/> Delete
NAME	NEUMANN, JASON W	
STREET ADDRESS	P.O. BOX 1207	
CITY-ST-ZIP	SAN ANTONIO, FL 33576	
TITLE	TS	<input type="checkbox"/> Delete
NAME	TERRY, REGINA G	
STREET ADDRESS	31923 ROXANNE WAY	
CITY-ST-ZIP	DADE CITY, FL 33525	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CROSS, JAMES	
STREET ADDRESS	7907 FROGGY LANE	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	
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	100054694491	
STREET ADDRESS	05/17/05--01080--018	
CITY-ST-ZIP	**61.25	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

\$25146

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: *Warren A. Neumann President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-05  
Date

352-588-0910  
Daytime Phone #