## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 562053** 

Name:

Address:

City-St-Zip:

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

FILED Jun 02, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 12304 CURLEY RD. 12630 CURLEY STREET SAN ANTONIO, FL 33576 SUITE 104 US SAN ANTONIO, FL 33576 US **Current Mailing Address: New Mailing Address:** P.O. BOX 1207 SAN ANTONIO, FL 335761207 US FEI Number: 59-1819167 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GIBBS, A.P. 37937 HEATHER PL DADE CITY, FL 33525 US 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition NEIMANN, WARREN A JR NEUMANN, WARREN A JR Name: Name: P.O. BOX 1207 P.O. BOX 1207 Address: Address: City-St-Zip: SAN ANTONIO, FL 33576 City-St-Zip: SAN ANTONIO, FL 33576 Title: Title: () Delete () Change () Addition Name: NEUMANN, JASON W Name: P.O. BOX 1207 Address: Address: SAN ANTONIO, FL 33576 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition NEUMANN, REGINA G Name: Name: P.O. BOX 1207 Address: Address: City-St-Zip: SAN ANTONIO, FL 33576 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

ODOM, JENNIFER L

SAN ANTONIO, FL 33576

P.O. BOX 1207

SIGNATURE: WARREN A. NEUMANN, JR. PD 06/02/2008