

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90124 006 ***150.00

DOCUMENT # P01000006850

1. Entity Name
NEUERMAN & ASSOCIATES, INC.



Principal Place of Business
C/O DONALD B. NEUERMAN
17704 S.W. 2ND STREET
PEMBROKE PINES, FL 33029

Mailing Address
C/O DONALD B. NEUERMAN
17704 S.W. 2ND STREET POB 820100
PEMBROKE PINES, FL 33029
SO. FLORIDA, FL 33082-0100



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1069884

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NEUERMAN, DONALD B
17704 S.W. 2ND STREET SUITE 205
PEMBROKE PINES, FL 33029 19620 PINES BLVD

**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
After May 1, 2005 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 P NEUERMAN
STREET ADDRESS SUITE 205
CITY-ST-ZIP 17704 SW 2ND ST 19620 PINES BLVD
PEMBROKE PINES, FL 33029

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CITY-ST-ZIP

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-05 954 438-6570

Date Daytime Phone #

DONALD B. NEUERMAN