


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2005 8:00 am
Secretary of State

08-31-2005 90014 019 ***150.00

DOCUMENT # P03000000547 1. Entity Name NEUMANN HALL, INC.					
Principal Place of Business 12087 62ND ST #4 ST PETERSBURG, FL 33704			Mailing Address 12087 62ND ST #4 ST PETERSBURG, FL 33704		
2. Principal Place of Business 12087 62ND ST No Suite, Apt. #, etc. UNIT 4 City & State LARGO FL Zip 33773 Country USA			3. Mailing Address 12087 62ND ST No Suite, Apt. #, etc. UNIT 4 City & State LARGO FL Zip 33773 Country USA		
4. FEI Number 81-0589710			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HALL, WALTER C JR 516 17TH AVE NE ST PETERSBURG, FL 33704			7. Name and Address of New Registered Agent Name HALL, WALTER C JR Street Address (P.O. Box Number is Not Acceptable) 470 3RD ST SO #801 City ST. PETERSBURG FL Zip Code 33701		
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: <u>Walter C Hall Jr</u> WALTER C. Hall Jr 8/29/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	HALL, WALTER C JR		STREET ADDRESS	WALTER, WALTER C JR	
CITY - ST - ZIP	516 17TH AVE NE ST PETERSBURG, FL 33704		CITY - ST - ZIP	470 3RD ST SO #4 ST. PETERSBURG, FL 33701	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, WALTER C JR		NAME	WALL, WALTER C JR	
STREET ADDRESS	516 17TH AVE NE		STREET ADDRESS	470 3RD ST SO #4	
CITY - ST - ZIP	ST PETERSBURG, FL 33704		CITY - ST - ZIP	ST. PETERSBURG, FL 33701	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u>Walter C. Hall Jr</u> WALTER C. Hall Jr 8/29/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 8/29/05		

30004206



08192005 Chg-P CR2E034 (10/03)

727-532-0911

ATTACHMENT 50064282
PO300000547

NEUMANN HALL INC.

12087 62nd St N Unit 4
Largo, Florida 33773
Phone 727-532-0911 Fax 727-532-0912

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

August 29, 2005

Dear Sirs,

I would like to request a waiver of the \$400.00 late fee for the annual report because the annual report notice was not received. I have made the necessary corrections on the form to reflect the proper addresses. I have in closed the original report fee.

Thank you,

Walter C. Hall Jr.

Walter C Hall Jr.