

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90007 031 ***150.00

DOCUMENT # P08691

1. Entity Name
COLMAN & HIRSCHMANN INC.



Principal Place of Business

**127 CUTTER MILL ROAD
GREAT NECK, NY 11021 US**

Mailing Address

**ONE LINDEN PLACE, SUITE 302
127 CUTTER MILL ROAD
GREAT NECK, NY 11021 US**

54062669



07062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-5631245

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301**

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
HIRSCHMANN, HOWARD /ASST
14 RIDGE DR. E.
GREAT NECK, NY**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HIRSCHMANN, HOWARD
14 RIDGE DR. E.
GREAT NECK, NY**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
HIMES, RAYMOND
1758 SABAL PALM DR
BOCA RATON, FL**

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 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:

Howard Hirschmann President

7-12-04

Date

576-489-0400

Daytime Phone #