

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000025516		
1. Entity Name HUBERT NEUNER INVESTMENTS, INC.		
Principal Place of Business 888 BLVD OF THE ARTS APT. #1805 SARASOTA, FL 34236 US		Mailing Address WERNER WEG-20 KAUFBEUREN, 87600 GE
DO NOT WRITE IN THIS SPACE		
		 01202004 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0487782		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
DUMBAUGH, JOHN D 1900 RINGLING BLVD SARASOTA, FL 34236		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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
		000000031628 02/04/04-80157-013 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST NEUNER, HUBERT 1900 RINGLING BLVD SARASOTA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NEUNER, MARKUS 1900 RINGLING BLVD SARASOTA, FL	
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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)(f), 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 as changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		1-26-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #