

FILED

Feb 07, 2005 08:00 AM
Secretary of State2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000025516 1. Entity Name HUBERT NEUNER INVESTMENTS, INC.			
Principal Place of Business 888 BLVD OF THE ARTS APT. #1805 SARASOTA, FL 34238 US		Mailing Address WEINER WEG-20 KAUFBEUREN, 87600 GE	
DO NOT WRITE IN THIS SPACE		01272005 No Chg-P CR2E084 (10/03)	
		4. FEI Number 65-0487782 (Applied For) Not Applicable	
5. Certificate of Status Listed ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DUMBAUGH, JOHN D 1900 RINGLING BLVD SARASOTA, FL 34238		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 changing) 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:		U000000218417 02/07/05-80064-013 150.00 DO NOT WRITE IN THIS SPACE	
TITLE	OFF		
NAME	NEUNER, HUBERT		
STREET ADDRESS	1900 RINGLING BLVD		
CITY-ST-ZIP	SARASOTA, FL		
TITLE	OFF		
NAME	NEUNER, MARKUS		
STREET ADDRESS	1900 RINGLING BLVD		
CITY-ST-ZIP	SARASOTA, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 of the 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; or changed, or on an attachment with an address, with all other like empowerment.			
SIGNATURE: 		2.02.05-(341)362-0412	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	