

Feb 11, 2008 0:  
Secretary of**2008 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 34236 US

Mailing Address

WEIHER WEG-20

KAUFBEUREN

GERMANY 87600, XX

**DO NOT WRITE IN THIS SPACE**

01032008

No Chg-P

CR2E034 (11/05)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
NEUNER, HUBERT  
1900 RINGLING BLVD  
SARASOTA, FLTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
NEUNER, MARKUS  
1900 RINGLING BLVD  
SARASOTA, FLTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPU00000822583  
02/20/08-80004-008 150.00**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2-06.08

941-362-0412

Date

Daytime Phone #