


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P95000063281</b>                                      |  |
| 1. Entity Name<br><b>NEWMANS HEATING AND AIR-CONDITIONING, INC.</b> |   |

|   |  |
|---|--|
| Principal Place of Business<br><b>2011 NE 27TH AVE<br/>GAINESVILLE, FL 32609 US</b> | Mailing Address<br><b>P.O. BOX 5425<br/>GAINESVILLE, FL 32602 US</b> |
|---|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



01192004 Chg-P CR2E034 (10/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-3335652</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

**6. Name and Address of Current Registered Agent**

**NEWMANS, CHARLES E  
14423 NW 41ST AVENUE  
NEWBERRY, FL 32669**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number Is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 *Charles E. Neumann* **1-19-04**  
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  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

|   |                                 |
|---|---------------------------------|
| TITLE<br><b>P</b>                             | <input type="checkbox"/> Delete |
| NAME<br><b>NEWMANS, CHARLES E</b>             |                                 |
| STREET ADDRESS<br><b>14423 NW 41ST AVENUE</b> |                                 |
| CITY-ST-ZIP<br><b>NEWBERRY, FL 32669</b>      |                                 |
| TITLE   | <input type="checkbox"/> Delete |
| NAME  |                                 |
| STREET ADDRESS                                |                                 |
| CITY-ST-ZIP                                   |                                 |
| TITLE   | <input type="checkbox"/> Delete |
| NAME  |                                 |
| STREET ADDRESS                                |                                 |
| CITY-ST-ZIP                                   |                                 |
| TITLE   | <input type="checkbox"/> Delete |
| NAME  |                                 |
| STREET ADDRESS                                |                                 |
| CITY-ST-ZIP                                   |                                 |
| TITLE   | <input type="checkbox"/> Delete |
| NAME  |                                 |
| STREET ADDRESS                                |                                 |
| CITY-ST-ZIP                                   |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

**U00000009804  
01/22/04-80005-018 150.00**

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:** *Charles E. Neumann* **1-19-04** **352-375-8555**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #