

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P97000010359 1. Entity Name BUEMAN, INC. |  |
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| Principal Place of Business 4851 TAMiami TRAIL NORTH #300 NAPLES, FL 34103 | Mailing Address 4851 TAMiami TRAIL NORTH #300 NAPLES, FL 34103 |
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01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|---------------------------------------|
| 4. FEI Number 65-0724969 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

HOFFMAN, HARVEY B
4851 TAMiami TRAIL NORTH
SUITE 300
NAPLES, FL 34103

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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: _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000597116
01/24/07-80023-011 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOFMAN, HARVEY B 216 EDGEEMERE WAY SOUTH NAPLES, FL 34105 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD HOFFMAN, SHARON B 216 EDGEEMERE WAY SOUTH NAPLES, FL 34105 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: *Harvey B. Hodson* 1/19/07 (139) 434-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Harvey B. Hodson