

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000010359

1. Entity Name
BUEMAN, INC.



Principal Place of Business
**4851 TAMiami TRAIL NORTH
#300
NAPLES, FL 34103**

Mailing Address
**4851 TAMiami TRAIL NORTH
#300
NAPLES, FL 34103**



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0724969

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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 reinstating)

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**

000000781107
01/15/08-80022-007 150.00

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **HOFFMAN, HARVEY B**
STREET ADDRESS **216 EDMERE WAY SOUTH**
CITY-ST-ZIP **NAPLES, FL 34105**

TITLE **STD**
NAME **HOFFMAN, SHARON B**
STREET ADDRESS **216 EDMERE WAY SOUTH**
CITY-ST-ZIP **NAPLES, FL 34105**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

**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

Date

Daytime Phone #

1/15/08 (234) 430-8700