


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90009 024 ***150.00

DOCUMENT # P98000047922

1. Entity Name
H. NEUMAN PLUMBING INC.



Principal Place of Business
**2603 W. VINA DEL MAR
 ST. PETE. BEACH, FL 33706**

Mailing Address
**2603 W. VINA DEL MAR
 ST. PETE. BEACH, FL 33706**

54016217



2. Principal Place of Business
383 HERMOSITA

3. Mailing Address
 Suite, Apt. #, etc.

City & State
ST. PETE BEACH FL

City & State
 Suite, Apt. #, etc.

Zip
33706

Country
PINELLAS

01292004. Chg-P CR2E034 (10/03)

4. FEI Number
59-3555192

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NEUMAN, HARRY C 383 HERMOSITA ST. PETE. BEACH, FL 33706	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

I, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

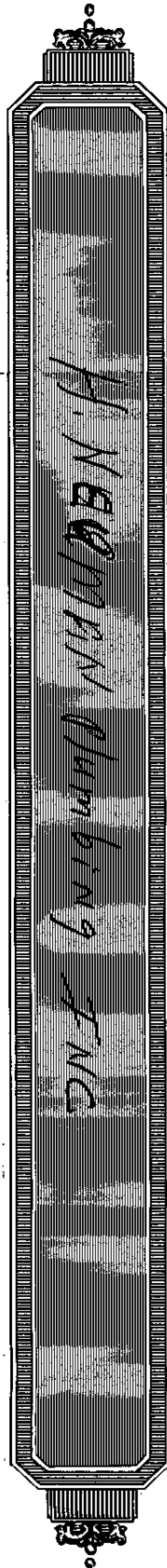
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME NEUMAN, HARRY C	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME NEUMAN, HARRY C
STREET ADDRESS 2603 W. VINA DEL MAR	CITY-ST-ZIP SAINT PETERSBURG, FL 33706	STREET ADDRESS 383 HERMOSITA	CITY-ST-ZIP ST. PETE BEACH FL 33706
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	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 119.07(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: Harry C Neuman **Harry C Neuman** **3-5-04**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



See Reverse for
Certain Conditions

P9800047920

This is to Certify that HARRY C NEWMAN

is the owner of

ONE HUNDRED SHARES

fully paid and

non-assessable shares of the above Corporation transferable only on the books of the Corporation by the holder hereof in person or by duly authorized Attorney upon surrender of this Certificate properly endorsed.

Witness the seal of the Corporation and the signatures of its duly authorized officers.
Dated 1-29-24

[Signature]
President

