

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004627

Entity Name: NAUMAN, INC.

FILED  
Mar 19, 2005  
Secretary of State

**Current Principal Place of Business:**

PO BOX 775  
EAST STROUDSBURG, PA 18301

**New Principal Place of Business:**

4776 RADIO ROAD  
#206  
NAPLES, FL 34104

**Current Mailing Address:**

PO BOX 775  
EAST STROUDSBURG, PA 18301

**New Mailing Address:**

FEI Number: 23-2707862      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STRENZ, ROBERT A  
15 PELICAN WAY  
NAPLES, FL 34114      US

**Name and Address of New Registered Agent:**

NAUMAN, R. TROY  
4776 RADIO ROAD #206  
NAPLES, FL 34104      US

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.

SIGNATURE: R. TROY NAUMAN

03/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS      ( ) Delete  
Name: NAUMAN, R. TROY  
Address: 1912 WALLACE ST  
City-St-Zip: STROUDSBURG, PA 18360

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. TROY NAUMAN

PRES

03/19/2005

Electronic Signature of Signing Officer or Director

Date