


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-09-2004 90009 017 ***150.00

| | | | |
|--|---------|---|------------|
| DOCUMENT # L02780 | |  | |
| 1. Entity Name THE CLAUSSEN COMPANY | | | |
| Principal Place of Business 6025 CARLTON LAKES BLVD NAPLES, FL 34110-1387 US | | Mailing Address 6025 CARLTON LAKES BLVD NAPLES, FL 34110-1387 US | |
| 2. Principal Place of Business | | 3. Mailing Address 6704 Lone Oak Blvd | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State NAPLES FL | |
| Zip | Country | Zip | Country |
| | | 34109 | USA |

54061110



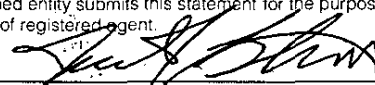
07062004 Chg-P CR2E034 (10/03)

| | |
|------------------------------------|--|
| 4. FEI Number 65-0133944 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

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 | |
| STERLING, JOHN 2405 PIPER BLVD MAPLES, FL 34110 | | Name _____ | |
| | | Street Address (P.O. Box Number is Not Acceptable) 6704 Lone Oak Blvd | |
| | | City NAPLES FL Zip Code 34109 | |

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:  **7/6/04**
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 Due by September 8, 2004)

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTS CLAUSSEN, ROBERT G 4910 DEERFIELD WAY NAPLES, FL 34110 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CLAUSSEN, CHRISTOPHER 2074 SEVILLA WAY NAPLES, FL 34109 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  **Robert G. Claussen**, **7/6/04** **239-566 9007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #