



**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02780</b> 1. Entity Name <b>THE CLAUSSEN COMPANY</b>	
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Principal Place of Business 6704 LONE OAK BLVD NAPLES, FL 34109 US	Mailing Address 6704 LONE OAK BLVD NAPLES, FL 34109 US
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**DO NOT WRITE IN THIS SPACE**



02292008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0133944</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

STERLING, JOHN  
 6704 LONE OAK BLVD  
 NAPLES, FL 34109

**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 \_\_\_\_\_ (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

**10. OFFICERS AND DIRECTORS**

TITLE	C
NAME	CLAUSSEN, ROBERT G
STREET ADDRESS	4910 DEERFIELD WAY
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	P
NAME	CLAUSSEN, CHRISTOPHER
STREET ADDRESS	2074 SEVILLA WAY
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	VP
NAME	STERLING, JOHN J
STREET ADDRESS	6704 LONE OAK BLVD.
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000858291  
 04/01/08-80038-025 150.00

**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 addresses, with all other like empowered.

**SIGNATURE:** *Robert G. Claussen* **Robert G. CLAUSSEN** 2/29/08 289 5969067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #