

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 A
Secretary of State

DOCUMENT # 686380

1. Entity Name

PETER B. CLAUSSEN, D.D.S., P.A.



Principal Place of Business

2636 JENKS AVENUE
PANAMA CITY, FL 32405

Mailing Address

2636 JENKS AVENUE
PANAMA CITY, FL 32405



03122007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2021641

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CLAUSSEN, PETER B DDS
2636 JENKS AVENUE
PANAMA CITY, FL 32405

**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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PVD
NAME CLAUSSEN, PETER B
STREET ADDRESS 2636 JENKS AVENUE
CITY- ST- ZIP PANAMA CITY, FL

TITLE ST
NAME CLAUSSEN, PETER B
STREET ADDRESS 2636 JENKS AVENUE
CITY- ST- ZIP PANAMA CITY, FL

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CITY- ST- ZIP

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U00000667024
03/26/07-80011-025 150.00

**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 an address, with all other like empowered.

SIGNATURE:

Peter B. Clausen DDS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/07

850-769-3591
Date Daytime Phone #