## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 688832** 

FILED Jan 06, 2009 Secretary of State

Entity Name: CLAUS MARINE REPAIR SERVICE, INC.

Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
14916 GRUBER LN LOXAHATCHEE, FI				
Current Mailing Address:		New Mailing Address:		
14916 GRUBER LN LOXAHATCHEE, FI				
FEI Number: 59-215747	78 FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
VON GROTE, CLAU 14916 GRUBER LN	JS			
LOXAHATCHEE, Fl The above named e in the State of Florid	ntity submits this statement for the	e purpose of changing its registered o	office or registered agent, or both,	
The above named e in the State of Florid SIGNATURE:	ntity submits this statement for the a.		office or registered agent, or both,	
The above named e in the State of Florid SIGNATURE:	ntity submits this statement for the		office or registered agent, or both,  Date	
The above named e in the State of Florid SIGNATURE: Ele	ntity submits this statement for the a.			
The above named e in the State of Florid SIGNATURE: Ele Election Campaign Fin	ntity submits this statement for the a.  ectronic Signature of Registered A ancing Trust Fund Contribution ().	ngent		5:
The above named e in the State of Florid SIGNATURE:  Election Campaign Fine  OFFICERS AND DI  Title:  P  Name:  VON GRO Address:  GRUBER	ntity submits this statement for the a.  ectronic Signature of Registered A ancing Trust Fund Contribution ( ).  RECTORS:  ( ) Delete DTE, CLAUS,	gent  ADDITIONS/CHANGES	Date	S:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CLAUS VON GROTE P 01/06/2009