


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 26, 2006 08:00 AM**  
**Secretary of State**

|  |  |                     |   |   |  |
|--|--|---------------------|---|---|--|
| <b>DOCUMENT # G44883</b><br>1. Entity Name<br><b>T &amp; L CLASEN, INC.</b>  |  |                     |   |    |  |
| Principal Place of Business<br><b>104 E BRANDON BLVD<br/>BRANDON FL 33511<br/>US</b>   |  |                     | Mailing Address<br><b>2604 W WATERS AVE<br/>TAMPA FL 33614<br/>US</b>   |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc. |   |   |  |
| City & State   |  | City & State        |   |   |  |
| Zip  | Country  | Zip                 | Country   |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>CLASEN, THOMAS R.<br/>2604 W WATERS AVE<br/>TAMPA FL 33614</b>  |  |                     |   | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |  |
| 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 reactivating) DATE _____   |  |                     |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |  |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>DP</b><br><b>CLASEN, THOMAS R</b><br><b>5920 HARVEY TEW RD</b><br><b>PLANT CITY FL 33565</b>                              |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>000000535414</b><br><b>05/08/06-80053-001 150.00</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete<br><b>ST</b><br><b>CLASEN, LINDA R</b><br><b>19702 LAKE OSCEOLA LANE</b><br><b>ODESSA FL</b> |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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1st MOORE CR2E034 (10/05)

4. FEI Number **59-2295757** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Linda R. Clasen LINDA R. CLASEN 4-23-06 (813) 931-4397  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #