2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H05973

Entity Name: CLAUSS AND ASSOCIATES, INC.

PONTE VEDRA BEACH, FL 32004

City-St-Zip:

FILED Jul 09, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
407 PONTE VEDRA BOULEVARD P.O. BOX 554 PONTE VEDRA BEACH, FL 32004				, 7 PONTE VEDRA BOU NTE VEDRA BEACH,	JLEVARD	US	
Current Mailing Address:				New Mailing Address:			
407 PONTE VEDRA BOULEVARD P.O. BOX 554 PONTE VEDRA BEACH, FL 32004				BOX 554 NTE VEDRA BEACH,	FL 32004	US	
FEI Number	: 59-2409918	FEI Number Applied For ()	FEI Number	Not Applicable ()	Certificate of	Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
407 PONT PONTE VE	JOHN W JR E VEDRA BOI EDRA BEACH		purpose of cha	anging its registered o	ffice or regist	ered agent, or both.	
in the State	e of Florida.				J	<i>J</i> , , ,	
SIGNATU							
Electronic Signature of Registered Agent					Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CLAUSS, DOR	DRA BLVD., P.O. BOX 554		` ') Change()Ad	dition	
Title: Name: Address:	CLAUSS, JOHN) Delete NW JR DRE BLVD P.O. BOX 554	Title Nam Add	()) Change()Ad	dition	

City-St-Zip:

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: DORIS M. CLAUSS DP 07/09/2007