


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90085 045 \*\*\*100.00  
05-06-2004 90167 044 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # J51658</b>                                     |  |
| <b>1. Entity Name</b><br><b>CLAUSEN BROTHERS CORPORATION</b> |   |

|  |  |
|--|--|
| <b>Principal Place of Business</b><br>4400 34TH STREET NORTH, #D<br>ST PETERSBURG FL 33714<br>US | <b>Mailing Address</b><br>4400 34TH STREET NORTH, #D<br>ST PETERSBURG FL 33714<br>US |
|--|--|

|  |  |
|--|--|
| <b>2. Principal Place of Business</b><br>Suite, Apt. #, etc. | <b>3. Mailing Address</b><br>Suite, Apt. #, etc. |
|--|--|

|                         |                         |
|-------------------------|-------------------------|
| <b>City &amp; State</b> | <b>City &amp; State</b> |
| <b>Zip</b>              | <b>Country</b>          |

|                                    |   |
|------------------------------------|---|
| <b>4. FEI Number</b><br>59-2760172 | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
|------------------------------------|---|

|  |                                       |
|--|---------------------------------------|
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|--|---------------------------------------|

|  |   |
|--|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br>CLAUSEN, GARY D<br>4069 36TH AVE N<br>ST PETERSBURG FL 33713 | <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.**

|   |  |
|---|--|
| <b>SIGNATURE</b><br>Signature, typed or printed name of registered agent and title if applicable. | <b>DATE</b><br>(NOTE: Registered Agent signature required when renewing) |
|---|--|

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br>After May 1, 2004 Fee will be \$550.00<br>Make Check Payable to Florida Department of State | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|

|   |   |  |   |
|---|---|--|---|
| <b>10. OFFICERS AND DIRECTORS</b>                     |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> |   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br>CLAUSEN, GARY D<br>4069 36TH AVE N<br>ST PETERSBURG FL 33713<br><input type="checkbox"/> Delete | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br>CLAUSEN, CARLA<br>4069 36TH AVE N<br>ST PETERSBURG FL 33713<br><input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br>CLAUSEN, MARK<br>4550 15TH AVE N<br>ST. PETERSBURG FL 33713<br><input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br>CLAUSEN, VERNON<br>5601 16TH AVE N<br>ST PETERSBURG FL 33703<br><input type="checkbox"/> Delete | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.**

|   |                                     |
|---|-------------------------------------|
| <b>SIGNATURE:</b> <i>Carla Clausen</i> <i>Carla Clausen</i>                       | <b>4-17-04</b>                      |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date Daytime Phone #</small> |