


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02780</b> 1. Entity Name <b>THE CLAUSSEN COMPANY</b>	
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Principal Place of Business <b>6704 LONE OAK BLVD NAPLES, FL 34109 US</b>	Mailing Address <b>6704 LONE OAK BLVD NAPLES, FL 34109 US</b>
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01192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0133944</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  <b>STERLING, JOHN 6704 LONE OAK BLVD NAPLES, FL 34109</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when relistening) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CLAUSSEN, ROBERT G 4910 DEERFIELD WAY NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAUSSEN, CHRISTOPHER 2074 SEVILLA WAY NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STERLING, JOHN J 6704 LONE OAK BLVD. NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/08/06-80034-023 150.00

**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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/06 239 596 9067  
Date Daytime Phone #