

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90015 040 ***150.00

DOCUMENT # L02780

1. Entity Name
THE CLAUSSEN COMPANY



Principal Place of Business
**6704 LONE OAK BLVD
NAPLES, FL 34109 US**

Mailing Address
**6704 LONE OAK BLVD
NAPLES, FL 34109 US**

4000000000



02152007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0133944	Applied For Not Applicable
------------------------------------	-------------------------------

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STERLING, JOHN
6704 LONE OAK BLVD
NAPLES, FL 34109**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

2/19/07

Date

239-596-9067

Daytime Phone #