

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90032 013 ***150.00

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01102006 Chg-P CR2E034 (11/05)

DOCUMENT # L48802			
1. Entity Name CLAXAN, INC.			
Principal Place of Business 1050 RINGLING BLVD SARASOTA, FL 34236 US		Mailing Address 1050 RINGLING BLVD SARASOTA, FL 34236 US	
2. Principal Place of Business 1990 main Street Suite, Apt. #, etc. Suite 801 City & State Sarasota, Fl. Zip 34236 Country		3. Mailing Address 1990 main Street Suite, Apt. #, etc. Suite 801 City & State Sarasota, Fl. Zip 34236 Country	
4. FEI Number 65-0326926		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RENEA M. GLENDINNING 1050 RINGLING BLVD SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1990 main Street Suite 801 City Sarasota FL Zip Code 34236	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAEUSLER, ALEX F. 1050 RINGLING BLVD SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1990 main Street, Suite 801 Sarasota, Fl. 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GLENDINNING, RENE M 1050 RINGLING BLVD SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1990 main Street, Suite 801 Sarasota, Fl. 34236
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: <u>Renea M. Glendinning</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/15/06</u> (941) 365-4617 <small>Daytime Phone #</small>	