2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# M86117

Entity Name: CLASEN MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

C/O THOMAS CLASEN
2604 W WATERS AVE
TAMPA, FL 33614 US

New Principal Place of Business:

C/O THOMAS CLASEN
5920 HARVEY TEW RD.
PLANT CITY, FL 33565 US

Current Mailing Address:

C/O THOMAS CLASEN
5920 HARVEY TEW ROAD
PLANT CITY, FL 33565 US

New Mailing Address:

FEI Number: 59-2892789 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLASEN, THOMAS
5920 HARVEY TEW ROAD
PLANT CITY, FL 33565 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CLASEN, THOMAS
Address: 5920 HARVEY TEW RD
City-St-Zip: PLANT CITY, FL 33565

Title: DST (X) Delete
Name: CLASEN, LINDA
Address: 19702 LAKE OSCEOLA LANE
City-St-Zip: ODESSA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: THOMAS R. CLASEN PRES 04/11/2009

Electronic Signature of Signing Officer or Director Date