

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M86117

FILED  
Jan 13, 2011  
Secretary of State

**Entity Name:** CLASEN MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**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:**

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

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: THOMAS R. CLASEN

01/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

SIGNATURE: THOMAS R. CLASEN

DP

01/13/2011

Electronic Signature of Signing Officer or Director

Date