2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000152227

1. Entity Name
DANIEL CLAWSON INC

Principal Place of Business
5550 W POMPICELLO TERRACE
DUNNELLON, FL 34433

Mailing Address
5550 W POMPICELLO TERRACE
DUNNELLON, FL 34433

04142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0578073

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CLAWSON, DANIEL
748 NE 11TH ST.
CRYSTAL RIVER, FL 34428

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8. The above named entity submits this statement for the purpose of changing its registered office of 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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	CLAWSON, DANIEL
STREET ADDRESS	748 NE 11TH ST.
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428
TITLE	V
NAME	CLAWSON, REGINA
STREET ADDRESS	748 NE 11TH ST.
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428
TITLE	S
NAME	SLAPE, BRANDON
STREET ADDRESS	748 NE 11TH ST.
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/05-80043-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: DANIEL CLAWSON 4/15/05 (352) 613-5379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #