

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2007 08:00 A
Secretary of State

DOCUMENT # P05000151872

1. Entity Name
CLASEN AND CRESWELL TECHNICAL SERVICES, INC.



Principal Place of Business
4228 SE RAINBOWS END
STUART, FL 34997

Mailing Address
4228 SE RAINBOWS END
STUART, FL 34997



05022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3792921

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CLASEN, WILLIAM F
4228 SE RAINBOWS END
STUART, FL 34997

**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)

1100000763545
05/30/07-20014-023 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CLASEN, WILLIAM F
STREET ADDRESS	4228 SE RAINBOWS END
CITY-ST-ZIP	STUART, FL 34997
TITLE	VP
NAME	CRESWELL, JOHN H
STREET ADDRESS	4459 SE KUBIN AVE
CITY-ST-ZIP	STUART, FL 34997
TITLE	T
NAME	CRESWELL, JOHN H
STREET ADDRESS	4459 SE KUBIN AVE
CITY-ST-ZIP	STUART, FL 34997
TITLE	S
NAME	CLASEN, WILLIAM F
STREET ADDRESS	4228 SE RAINBOWS END
CITY-ST-ZIP	STUART, FL 34997
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-107 778 771 9145