

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000032493

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** MICHELLE C. CLAUSON, CPA, P.A.

**Current Principal Place of Business:**

1023 CATHERINE ST  
KEY WEST, FL 33040

**New Principal Place of Business:**

1023 CATHERINE ST  
KEY WEST, FL 33040 UN

**Current Mailing Address:**

1023 CATHERINE ST  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** 65-0483655

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLAUSON, MICHELLE C  
1023 CATHERINE ST  
KEY WEST, FL 33040 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CLAUSON, MICHELLE C  
Address: 1023 CATHERINE ST.  
City-St-Zip: KEY WEST, FL

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: MICHELLE CLAUSON

PRES

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date