2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 10, 2008 8:00 am Secretary of State 06-10-2008 90002 010 ***150.00

DOCUMENT # P95000053126 1. Entity Name CLAUSMAN'S PROFESSIONAL PAINTING, INC.					06-10-2008	90002 0:	10 ***150	0.00	
Principal Place	e of Business	Mailing Address							
124 JACOB D	RIVE	124 JACOB DRIVE							
CRESTVIEW, FL 32536 US		CRESTVIEW, FL 32536	US						
				,		(8181 81811 81818 831)1 831			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05212008	Chg-P	CR2E0	34 (12/06)		
City & State		City & State		4. FEI Numbe 59-333				plied For t Applicable	
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	agistered A	gent	
				Name	•				
CLAUSMAN, DANIEL E 124 JACOB DRIVE				Street Address (P.O. Box Number is Not Acceptable)					
CRESTVIEW, FL 32536					<u> </u>	· · · · · · · · · · · · · · · · · · ·			
	·								
				City			FL	Zip Code	9
	named entity submits this statement to ions of registered agent.	or the purpose of changing its	register	ed office or registe	ered agent, or bot	h, in the State of Flo	orida. I am f	amiliar with,	and accept
	ţ								
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signature require	ed when reinstating)		DATE		
FILE NOWI!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Finan Trust Fund Contribution.									
					5.00 May Be ded to Fees	In accordance v corporation did	not receive	e the prior r	notice.
	ue by September 12, 2008 OFFICERS AND	Trust Fund Contr			ded to Fees		not receive	e the prior r	notice.
10.	OFFICERS AND	Trust Fund Contr	11.	Ād	ded to Fees	corporation did	not receive	e the prior r	notice.
10. TITLE NAME	OFFICERS AND STP CLAUSMAN, DANIEL E	Trust Fund Contr	11. TITLE	Ad	ded to Fees	corporation did	not receive	the prior r	S IN 11
10.	OFFICERS AND STP CLAUSMAN, DANIEL E 124 JACOB DRIVE	Trust Fund Contr	11. TITLE	Ād	ded to Fees	corporation did	not receive	o the prior r	S IN 11
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indicated on this report of supplied with this hand does not qualify for the examplions contained in Chapter 119, more a statutes. I further certay that the indicated on this report of 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 neceiver of trustee an powered 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.

5/25/or 850-259-/764
Dayune Phone #