

**FILED**  
**Feb 06, 2007 08:00**  
**Secretary of Stat**

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P97000066770**

1. Entity Name  
**PAULUS SWAEN, INC.**



Principal Place of Business  
**1544 SO. MISSOURI AVE  
CLEARWATER, FL 33756 US**

Mailing Address  
**P.O. BOX 1238  
INDIAN ROCKS BEACH, FL 33785 US**



02022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3461059**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LA BELLE, RICHARD D III  
3446 LAKE DRIVE  
PALM HARBOR, FL 34683**

**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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	JOPPEN, PETRUS WA
STREET ADDRESS	KIEVITSTRAAT 6, 5667 PR, GELDROP
CITY-ST-ZIP	THE NETHERLANDS,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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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 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 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 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