

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000092339

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** CLASAN MANAGEMENT COMPANY

**Current Principal Place of Business:**

4021 LEAMARIE ISLAND DR.  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

4021 LEAMARIE ISLAND DR.  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

**FEI Number:** 65-0791580

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PSD  
**Name:** SANCHEZ, CLAUDIA R  
**Address:** 4021 LEA MARIE ISLAND DR  
**City-St-Zip:** PORT CHARLOTTE, FL 33952

**Title:** VTD  
**Name:** SANCHEZ, GEORGE A  
**Address:** 4021 LEA MARIE ISLAND DR  
**City-St-Zip:** PORT CHARLOTTE, FL 33952

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:** CLAUDIA SANCHEZ

PRES

04/26/2010

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

\_\_\_\_\_  
Date