

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

05 AUG 12 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Eckel AUG 15 2005

DOCUMENT # P98000075438

1. Entity Name
CLASP INC.



Principal Place of Business
3001 TAMiami TRAIL NORTH
4TH FLOOR
NAPLES, FL 34103 US

Mailing Address
3001 TAMiami TRAIL NORTH
4TH FLOOR
NAPLES, FL 34103 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08012005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3533201

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHECHTER, JOEL H
3001 TAMiami TRAIL N 4TH FL
NAPLES, FL 34103

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☐ Delete
NAME SCHECHTER, JOEL
STREET ADDRESS 3001 TAMiami TRAIL N 4TH FL
CITY-ST-ZIP NAPLES, FL 34103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300058854728
08/23/05-01007-013 ***61.25

TITLE V ☐ Delete
NAME LANCASTER, ROBERT L
STREET ADDRESS 3001 TAMiami TRAIL NORTH 4 FLOOR
CITY-ST-ZIP NAPLES, FL 34103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME DUVAL, SCOTT W
STREET ADDRESS 3001 TAMiami TRAIL NORTH 4 FLOOR
CITY-ST-ZIP NAPLES, FL 34103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME RUSSELL, DEBORAH L
STREET ADDRESS 3001 TAMiami TRAIL N, 4TH FLOOR
CITY-ST-ZIP NAPLES, FL 34103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME HUJSA, HOWARD M
STREET ADDRESS 3001 TAMiami TRAIL N. 4TH FLOOR
CITY-ST-ZIP NAPLES, FL 34103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME HOROWITZ, WILLIAM N
STREET ADDRESS 24311 WALDEN CENTER DRIVE, #201
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

Joel Schechter, President

8/2/05