
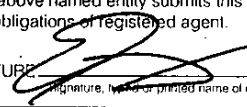
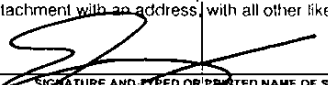


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90038 037 ***150.00

DOCUMENT # P99000008840					
1. Entity Name CLAWGES INDUSTRIES, INC.					
Principal Place of Business 1295 W. HWY 50 #B CLERMONT, FL 34711			Mailing Address 1295 W. HWY 50 #B CLERMONT, FL 34711		
2. Principal Place of Business - No P.O. Box # 404 EAST Division			3. Mailing Address 404 EAST Division		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State CLERMONT FL		City & State CLERMONT FL		4. FEI Number 59-3586242	
Zip 34715		Country LAKE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLAWGES, ERIC 1295 W. HWY 50 #B CLERMONT, FL 34711		7. Name and Address of New Registered Agent Name CLAWGES, ERIC Street Address (P.O. Box Number is Not Acceptable) 404 EAST Division City CLERMONT FL Zip Code 34715			
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:  DATE: 3/14/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAWGES, ERIC 11533 LAKE KATHERINE CIRCLE CLERMONT, FL 34711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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 # _____					

