


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90033 045 \*\*\*150.00

<b>DOCUMENT # S37183</b> 1. Entity Name <b>CLEWISTON INDUSTRIES, INC.</b>																											
Principal Place of Business <b>8730 US HWY ONE MICO FL 32976</b>		Mailing Address <b>PO BOX 510127 MELBOURNE BEACH FL 32951</b>																									
2. Principal Place of Business <b>730 Commerce Center Dr.</b>		3. Mailing Address Suite, Apt. #, etc.																									
City & State <b>Sebastian Florida</b>		City & State City & State																									
Zip <b>32950</b>		Country <b>USA</b>																									
4. FEI Number <b>65-0247496</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>PALADIN, JOSEPH PO BOX 510127 MELBOURNE BEACH FL 32951</b>		7. Name and Address of New Registered Agent Name <b>PALADIN, Joseph</b> Street Address (P.O. Box Number is Not Acceptable) <b>730 Commerce Center Dr</b> <b>Suite C</b> City <b>Sebastian</b> <b>FL</b> Zip Code <b>32958</b>																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consulting)</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.																											
<b>SIGNATURE:</b> <i>Michelle Paladin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>2/16/06</b> Daytime Phone # <b>772 589 9706</b>																									



ATTACHMENT

66005783

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 3, 2006

CLEWISTON INDUSTRIES, INC.  
PO BOX 510127  
MELBOURNE BEACH, FL 32951

Subject: CLEWISTON INDUSTRIES, INC.

Reference Number: S37183

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD

ANNUAL REPORTS SECTION