

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # V60544

1. Entity Name

CLAUGA, INC.



Principal Place of Business

3616 MAGNOLIA POINT BLVD
GREEN COVE SPRINGS FL 32043

Mailing Address

3616 MAGNOLIA POINT BLVD
GREEN COVE SPRINGS FL 32043

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3134077

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

ROYAL, BERT V.
3616 MAGNOLIA POINT BLVD
GREEN COVE SPRINGS FL 32043

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 relocating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 P ☐ Delete
NAME HUBER, CLAUDIA
STREET ADDRESS 3616 MAGNOLIE POINT BLVD
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

☐ Change ☐ Addition
U000000062547
02/23/04-80126-015 150.00

TITLE VP ☐ Delete
NAME HUBIE, KONRAD
STREET ADDRESS 3616 MAGNOLIA POINT BLVD
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

☐ Change ☐ Addition

TITLE ST ☐ Delete
NAME CUMMINGS, KAREN
STREET ADDRESS 3619 MAGNOLIA POINT BLVD
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/04

904.249.4600

Date

Daytime Phone #