

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000096343

**Entity Name:** CLAWSON & CLAWSON INSURANCE, INC.

**Current Principal Place of Business:**

2731 EXECUTIVE PARK DRIVE  
SUITE 8  
WESTON, FL 33331

**Current Mailing Address:**

2731 EXECUTIVE PARK DRIVE  
SUITE 8  
WESTON, FL 33331

**FEI Number:** 65-0794703

**Certificate of Status Desired:** No

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

CLAWSON, EARLE H.  
2731 EXECUTIVE PARK DRIVE  
SUITE 8  
WESTON, FL 33331 US

*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

**Officer/Director Detail :**

Title PD  
Name CLAWSON, EARLE H  
Address 12800 SW 33RD DRIVE  
City-State-Zip: DAVIE FL 33330

*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:** EARLE CLAWSON

**PRESIDENT**

**04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date