

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 505301

1. Entity Name
CLIFF'S CONSTRUCTION SERVICES, INC.



Principal Place of Business

18441 HARD ROCK RD
P.O. BOX 10567
BROOKSVILLE, FL 34601 US

Mailing Address

18441 HARD ROCK RD
P.O. BOX 10567
BROOKSVILLE, FL 34601 US



04062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1674142

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SARTOR, J.R.
24010 CROOM ROAD
BROOKSVILLE, FL 34601

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SARTOR, JOHN R
STREET ADDRESS	24010 CROOM OAD
CITY-ST-ZIP	BROOKSVILLE, FL
TITLE	D
NAME	SARTOR, JOHN R JR
STREET ADDRESS	15041 MIDDLE FAIRWAY DRIVE
CITY-ST-ZIP	BROOKSVILLE, FL 34609
TITLE	D
NAME	SARTOR, JASON M
STREET ADDRESS	114 S MAIN STREET
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/15/07-80028-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Pres-LED 4/23/07 3527979901

Date

Daytime Phone #