

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 467552

FILED
Mar 16, 2009
Secretary of State

Entity Name: CLIFTON CONSOLIDATED CORPORATION

Current Principal Place of Business:

3119 WILLOW ROAD
WIMAUMA, FL 33598 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5356
SUN CITY CENTER, FL 33571 US

New Mailing Address:

FEI Number: 59-1829229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COOLEY, ED
1450 STATE ROAD 4340
200
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DRAGE, JOHN E
Address: 1108 WEBSTER AVE
City-St-Zip: ORLANDO, FL 32804

Title: VST () Delete
Name: DRAGE, JOANNE R,
Address: 351 DOVER CT.
City-St-Zip: HEATHROW, FL 32746

Title: C () Delete
Name: DRAGE, THOMAS B
Address: 351 DOVER CT
City-St-Zip: HEATHROW, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CST (X) Change () Addition
Name: DRAGE, THOMAS B.,
Address: 706 WEST FIRST STREET
City-St-Zip: SANFORD, FL 32771

Title: VP (X) Change () Addition
Name: COOPER, GERALD
Address: POST OFFICE BOX 5356
City-St-Zip: SUN CITY CENTER, FL 33571

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS B. DRAGE

CST

03/16/2009

Electronic Signature of Signing Officer or Director

Date