

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90095 020 ***150.00

DOCUMENT # F01000004043

1. Entity Name
R.D. CLIFTON CO., INC.



Principal Place of Business
**2586 N.C. 403 WEST
FAISON, NC 28341**

Mailing Address
**PO BOX 206
FAISON, NC 28341**

50011381



02012005 Chg-P CR2E034 (10/03)

4. FEI Number
56-2117166

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CLIFTON, KIM
7930 TWIN EAGLE LANE
FORT MYERS, FL 33912**

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CLIFTON, KIMBERLY G 7930 TWIN EAGLE LANE FORT MYERS, FL 33912 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC CLIFTON, JOHN D PO BOX 206 FAISON, NC 28341 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIFTON, J. CHRISTOPHER 8508 CLARK'S BRANCH RALEIGH, NC 27613 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Clifton, J. Christopher ☒ Change ☐ Addition 9400 CLOVER CREST CT. RALEIGH, NC 27617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John D. Clifton 2/1/05 (910) 267-2690

Date

Daytime Phone #