

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 AM
Secretary of State

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**



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DST.
NAME	CLIFTON, KIMBERLY G
STREET ADDRESS	7930 TWIN EAGLE LANE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	PC
NAME	CLIFTON, JOHN D
STREET ADDRESS	PO BOX 206
CITY-ST-ZIP	FAISON, NC 28341
TITLE	D
NAME	CLIFTON, J. CHRISTOPHER
STREET ADDRESS	9400 CLOVER CREST CT
CITY-ST-ZIP	RALEIGH, NC 27617
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/08-80045-019 158.75

**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

John D. Clifton 1/7/08 (919) 267-2690
Date Daytime Phone #