

**ANNUAL REPORT****DOCUMENT # G43860**1. Entity Name  
CLIFTON CONSOLIDATED CORPORATION OF FLORIDAPrincipal Place of Business  
2340 WHITFIELD PARK AVE. #B  
SARASOTA, FL 34243Mailing Address  
2340 WHITFIELD PARK AVE  
SARASOTA, FL 34243 US**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**4. FEI Number  
59-2296861Applied For  
Not Applicable5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

KLEIN, MARGARET E.  
4853 PALM AIRE DR  
SARASOTA, FL 34243**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, 2004 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  
PASD  
KLEIN, MARGARET  
4853 PALM AIRE DR  
SARASOTA, FLTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
DRAGE, JOANN  
351 DOVER COURT  
HEATHROW, FL 32746TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
DRAGE, THOMAS B  
351 DOVER STREET  
HEATHROW, FL 32746TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP000000002537  
01/13/04-B0017-025 158.75**DO NOT WRITE  
IN THIS SPACE**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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. **MARGARET E. KLEIN****SIGNATURE:** Margaret E. Klein Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1-8-04 (941) 753-9000  
Date Daytime Phone #