


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90025 025 ***150.00

DOCUMENT # G43860 1. Entity Name CLIFTON CONSOLIDATED CORPORATION OF FLORIDA																																																																																																																										
Principal Place of Business 2340 WHITFIELD PARK AVE. #B SARASOTA, FL 34243			Mailing Address 2340 WHITFIELD PARK AVE SARASOTA, FL 34243 US																																																																																																																							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																								
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																								
City & State		City & State		4. FEI Number 59-2296861																																																																																																																						
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																						
6. Name and Address of Current Registered Agent KLEIN, MARGARET E. 4853 PALM AIRE DR SARASOTA, FL 34243				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																						
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PASD KLEIN, MARGARET</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>4853 PALM AIRE DR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>SARASOTA, FL</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>ST</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DRAGE, JOANN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>351 DOVER COURT</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>HEATHROW, FL 32746</td> <td></td> </tr> <tr> <td>TITLE</td> <td>CD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DRAGE, THOMAS B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>351 DOVER STREET</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>HEATHROW, FL 32746</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>COOPER, JERRY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4286 LUNEE Lube Ave.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>NORTH PORT, FL 34289</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PASD KLEIN, MARGARET	<input type="checkbox"/> Delete	NAME	4853 PALM AIRE DR		STREET ADDRESS	SARASOTA, FL		CITY- ST- ZIP			TITLE	ST	<input type="checkbox"/> Delete	NAME	DRAGE, JOANN		STREET ADDRESS	351 DOVER COURT		CITY- ST- ZIP	HEATHROW, FL 32746		TITLE	CD	<input type="checkbox"/> Delete	NAME	DRAGE, THOMAS B		STREET ADDRESS	351 DOVER STREET		CITY- ST- ZIP	HEATHROW, FL 32746		TITLE	VP	<input type="checkbox"/> Delete	NAME	COOPER, JERRY		STREET ADDRESS	4286 LUNEE Lube Ave.		CITY- ST- ZIP	NORTH PORT, FL 34289		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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: <u>Margaret E. Klein Pres.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																										
<small>Date Daytime Phone #</small>																																																																																																																										