

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # G43860**

1. Entity Name  
**CLIFTON CONSOLIDATED CORPORATION OF FLORIDA**



**FILED**  
08 SEP 10 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, 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 #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

Zip  
Country

09082008 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-2296861**

Applied For  
Not Applicable

5. 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**

7. Name and Address of New Registered Agent  
Name **Gerald Cooper**  
Street Address (P.O. Box Number is Not Acceptable)  
**4286 Lube Avenue**  
City **North Port** FL Zip Code **34289**

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 **Gerald N Cooper**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PASD KLEIN, MARGARET 4853 PALM AIRE DR SARASOTA, FL <i>Deceased</i> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PASD Cooper, Gerald 4286 Lube Ave North Port, FL 34289 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DRAGE, JOANN 351 DOVER COURT HEATHROW, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Holly S. Cooper 4286 Lube Ave North Port, FL 34289 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DRAGE, THOMAS B 351 DOVER STREET HEATHROW, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800135963198</b> 09/16/08--01013--017 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete COOPER, JERRY 4286 LUBE AVE NORTH PORT, FL 34289	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800135963198</b> 09/16/08--01013--018 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Gerald N Cooper**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #