

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G83191

FILED
Jul 01, 2005
Secretary of State

Entity Name: CLIFF & DEE ENTERPRISES, INC.

Current Principal Place of Business:

1397 NE SAGO DRIVE
JENSEN BEACH, FL 349576429

New Principal Place of Business:

Current Mailing Address:

1397 NE SAGO DRIVE
JENSEN BEACH, FL 349576429

New Mailing Address:

FEI Number: 59-2379298 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BARBER, DEBRA
8418 SE SHARON ST
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

BARBER, DEBRA
5572 SE CABLE DRIVE
STUART, FL 34997 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

07/01/2005

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VST () Delete
Name: ANDREWS, LOUISE PARC, ELL
Address: 1397 NE SAGO DRIVE
City-St-Zip: JENSEN BEACH, FL 349576429

Title: P () Delete
Name: ANDREWS, CLIFFORD W.,
Address: 1397 NE SAGO DRIVE
City-St-Zip: JENSEN BEACH, FL 349576429

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUISE PARCELL ANDREWS

Electronic Signature of Signing Officer or Director

VST

07/01/2005

Date