

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 8:00 am
Secretary of State

07-07-2004 90001 021 ***150.00

DOCUMENT # H97415

1. Entity Name
CLIFFORD REALTY CORPORATION



Principal Place of Business
**6025 CHARDONNAY LANE
NAPLES, FL 33999**

Mailing Address
**6025 CHARDONNAY LANE
STE 301
NAPLES, FL 33999 US**

54060080



2. Principal Place of Business

1137 CLIMBING ROSE DR
Suite, Apt. #, etc.

3. Mailing Address

1137 CLIMBING ROSE DR
Suite, Apt. #, etc.

06302004 Chg-P CR2E034 (10/03)

City & State

ORLANDO, FL

Zip
32818

Country

City & State

ORLANDO, FL

Zip
32818

Country

4. FEI Number
59-1929696

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CLIFFORD, CONNIE M.
6025 CHARDONNAY LANE #301
NAPLES, FL 33999**

7. Name and Address of New Registered Agent

Name
CLIFFORD, CONNIE M

Street Address (P.O. Box Number is Not Acceptable)

1137 CLIMBING ROSE DR

City
ORLANDO

FL Zip Code
32818

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 *Connie M Clifford*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/2/04
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE
PTVS ☐ Delete
NAME
CLIFFORD, CONNIE M
STREET ADDRESS
6025 CHARDONNAY LANE, APT. 301
CITY-ST-ZIP
NAPLES, FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **Connie M. Clifford
1137 Climbing Rose Dr.
Orlando, FL 32818-6946** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Connie M Clifford PTVS* **7/2/04** **407-578-4888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #