


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90340 038 \*\*\*150.00

**DOCUMENT # J33227**

1. Entity Name  
**CLIFTON HOMES, INC.**



Principal Place of Business  
**355 NE 5 AVE STE 4  
 DELRAY BCH, FL 33483**

Mailing Address  
**P.O. BOX 4078  
 LAKE WORTH, FL 33465**

**50038413**



2. Principal Place of Business  
 Suite, Apt. #, etc.

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

01272005 Chg-P CR2E034 (10/03)

City & State  
 Zip Country

4. FEI Number  
**59-2721868**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BINNS, PHILIP A END  
 1695 LANDS END RD  
 MANALAPAN, FL 33462**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**LANDS END RD**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW WITH FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE D	<input type="checkbox"/> Delete
NAME BINNS, PHILIP	
STREET ADDRESS 355 NE 5TH AVE #4	
CITY-ST-ZIP DELRAY BEACH, FL 33483	
TITLE SD	<input type="checkbox"/> Delete
NAME CARDER, J. MARTIN	
STREET ADDRESS 355 NE 5TH AVE #4	
CITY-ST-ZIP DELRAY BEACH, FL 33483	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BINNS PHILIP	
STREET ADDRESS PO BOX 4078 LANTANA FL 33465	
CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARDER J MARTIN	
STREET ADDRESS PO BOX 4078 LANTANA FL 33465	
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	

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 another like empowered.

SIGNATURE: J.M. CARDER **J.M. CARDER** 4/14/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #