2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J96090

4185 STATE ROAD 11

EZELL, MARÎLEE H.,

1304 ERROL PKWY

() Delete

DELAND, FL

DELAND, FL

Address: City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

Entity Name: LLOYD CLIFTON AND ASSOCIATES, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
505 DELTONA BLVD STE 102 DELTONA, FL 32725 US			118 W. PLYMOUTH DELAND, FL 32720	118 W. PLYMOUTH AVE. DELAND, FL 32720 US	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
505 DELTONA BLVD STE 102 DELTONA, FL 32725 US		118 W. PLYMOUTH AVE. DELAND, FL 32720 US			
FEI Number:	: 59-2856389	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
EZELL, KENNETH C. 505 DELTONA BLVD., SUITE 102 DELTONA, FL 32725 US				EZELL, KENNETH C SR. 118 W. PLYMOUTH AVE. DELAND, FL 32720 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATURE: KENNETH C. EZELL, SR.				04/29/2005	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financi	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P (CLIFTON, GE 4185 STATE I DELAND, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVS (EZELL, KENN 1304 ERROL APOPKA, FL	· · · · · · · · · · · · · · · · · · ·	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D (CLIFTON, TEI) Delete RRI T.,	Title: Name:	() Change () Addition	

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: KENNETH C. EZELL V 04/29/2005

() Change () Addition