2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005
Secretary of State

DOCUMENT# P02000047220

Entity Name: CLIFF'S CONSULTANTS, INC.

Current Principal Place of Business:

3100 FAIRLANE FARMS RD
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

3100 FAIRLANE FARMS RD
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 02-0628393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAKEMAN, STEPHEN
15162 25TH PL N
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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 Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LAKEMAN, STEPHEN
Address: 15162 25TH PL N
City-St-Zip: LOXAHATCHEE, FL 33470

Title: V ( ) Delete
Name: LAKEMAN, WILLIAM
Address: 4439 SE 141ST AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: S ( ) Delete
Name: RAVEL, RON D
Address: 5396 EAGLE LAKE DR
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete
Name: IRVIN, DONALD
Address: 1072 GRANDVIEW CIR
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: CFO ( ) Delete
Name: FLACK, ROBERT W
Address: 7870 OAK GROVE CIR
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: BILL LAKEMAN V 03/02/2005

Electronic Signature of Signing Officer or Director Date