

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000101925

Entity Name: LYNDON E. CLIFTON, P.A.

FILED
Sep 05, 2006
Secretary of State

Current Principal Place of Business:

RE/MAX COASTAL PROPERTIES
125 MAIN ST
DESTIN, FL 32541

New Principal Place of Business:

New Mailing Address:

LYNDON E. CLIFTON, P.A.
1115 WHITE POINT RD
NICEVILLE, FL 32578

Current Mailing Address:

RE/MAX COASTAL PROPERTIES
125 MAIN ST
DESTIN, FL 32541

FEI Number: 81-0573055 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLIFTON, LYNDON E
151 COUNTRY CLUB DR W
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

CLIFTON, LYNDON E
1115 WHITE POINT RD
NICEVILLE, FL 32578 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: LYNDON E. CLIFTON

09/05/2006

Electronic Signature of Registered Agent

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: PCEO () Delete
Name: CLIFTON, LYNDON E
Address: 1115 WHITE POINT RD
City-St-Zip: NICEVILLE, FL 32578

Title: VST () Delete
Name: CLIFTON, ALISSA L
Address: 1115 WHITE POINT RD
City-St-Zip: NICEVILLE, FL 32578

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 Chapter 119, 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: ALISSA L. CLIFTON

VST

09/05/2006

Electronic Signature of Signing Officer or Director

Date