

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000133036

**FILED**  
**Mar 26, 2009**  
**Secretary of State****Entity Name:** CLIFF FINK INC**Current Principal Place of Business:**200  
OCALA, FL 34471 US**New Principal Place of Business:**5900 SE 119TH ST  
BELLEVIEW, FL 34420 US**Current Mailing Address:**699 FINK FARM RD  
SAMSON, AL 36477 US**New Mailing Address:****FEI Number:** 20-0436758**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LEMEK TAX SERVICE INC  
200  
OCALA, FL 34471 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**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** FINK, JAMES C JR  
**Address:** 5900 SE 119TH ST  
**City-St-Zip:** BELLEVIEW, FL 34420 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify 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: JAMES C FINK JR

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03/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date