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Jun 13, 2005 8:00 am
Secretary of State

05-11-2005 90124 036 ***150.00

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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000048944

1. Entity Name
CLIFF JUNG, INC.

66022684

05032005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
8051 NORTH TAMIAMI TRAIL SUITE A-2 SARASOTA, FL 34230	8051 NORTH TAMIAMI TRAIL SUITE A-2 SARASOTA, FL 34230
2. Principal Place of Business: 857 WEE Burn St.	3. Mailing Address: 857 WEE Burn St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL.	City & State: Sarasota, FL
Zip: 34243 Country:	Zip: 34243 Country:

4. FEI Number: 04-3788035 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JUNG, CLIFFORD E
8051 NORTH TAMIAMI TRAIL
SUITE A-2
SARASOTA, FL 34230

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 [signature] 5/6/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUNG, CLIFFORD E 8051 NORTH TAMIAMI TRAIL #A2 SARASOTA, FL 34230	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: [signature] 5/6/05 941-366-0078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #