

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000100764

FILED
May 02, 2008
Secretary of State

Entity Name: CLIFFORD'S ENTERPRISES 2005 INC.

Current Principal Place of Business:

6426 N FLORIDA AVE
TAMPA, FL 33604 US

New Principal Place of Business:

3331 LAKE SAXON DR
LAND O LAKES, FL 34639 US

Current Mailing Address:

3331 LAKE SAXON DR.
LAND O LAKES, FL 34639 US

New Mailing Address:

FEI Number: 86-1149354 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLIFFORD, ROB
3331 LAKE SAXON DR.
LAND O LAKES, FL 34639 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

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: P () Delete
Name: CLIFFORD, ROB
Address: 3331 LAKE SAXON DR.
City-St-Zip: LAND O LAKES, FL 34639 US

Title: VP () Delete
Name: CLIFFORD, PATTY
Address: 3331 LAKE SAXON DR.
City-St-Zip: LAND O LAKES, FL 34639 US

Title: TRES () Delete
Name: CLIFFORD, SEAN
Address: 3331 LAKE SAXON DR.
City-St-Zip: LAND O LAKES, FL 34639 US

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:

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: ROB CLIFFORD

P

05/02/2008

Electronic Signature of Signing Officer or Director

Date