

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 08:00 A
Secretary of State

DOCUMENT # P94000022611

1. Entity Name
THE CLIFTON CORPORATION



Principal Place of Business
**5220 S UNIVERSITY DR STE 211
FORT LAUDERDALE, FL 33328**

Mailing Address
**5220 S UNIVERSITY DR STE 211
SUITE 201
FORT LAUDERDALE, FL 33328**



02012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0502072 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHILLINGER, LEE H
4601 SHERIDAN STREET
SUITE 202
HOLLYWOOD, FL 33021**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

**U00000626521
02/15/07-80023-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVP
PAWLEY, WILLIAM D JR.
491 CYPRESS POINTE DRIVE EAST
PEMBROKE PINES, FL 33027**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MCKAY, ANNIE H
491 CYPRESS PT DR E
HOLLYWOOD, FL 33027**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
MANSON, ELEANOR L
4851 SOUTHWEST 130TH AVENUE
SOUTHWEST RANCHES, FL 33330**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVP
MCKAY, DOUGLAS
4851 SW 130TH AVE
FORT LAUDERDALE, FL 33330**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
MCKAY, MARGARET
491 CYPRESS PT DR E
HOLLYWOOD, FL 33027**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #