


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90020 038 ***150.00

DOCUMENT # P94000044017
 1. Entity Name
G.A. CLIFFORD & ASSOCIATES, INC.




Principal Place of Business Mailing Address
6425 ULMERTON ROAD DRIVE LARGO FL 33708 **6425 ULMERTON ROAD DRIVE LARGO FL 33708**

2. Principal Place of Business **2100 34th Way N**
 Suite, Apt. #, etc. **Suite C**
 City & State **Largo, Fla**
 Zip **33771** Country **USA**

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

34004363



MOORE CR2E034 (11/03)

4. FEI Number **59-3253248** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CLIFFORD, GARY A
313 CEDAR LANE
LARGO FL 34640

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	PD CLIFFORD, GARY A 313 CEDAR LANE LARGO FL 34640 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 employees.

SIGNATURE:  **Gary Clifford** 2-6-04 787-530-0025
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #