

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P94000044017**

1. Entity Name  
**G.A. CLIFFORD & ASSOCIATES, INC.**



**FILED**  
06 MAR 27 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 2100 34TH WAY N. STE C LARGO, FL 33771	Mailing Address 6425 ULMERTON ROAD DRIVE LARGO, FL 33708
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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**REINSTATEMENT** (11/05) 05-06

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 *Gary Clifford* **Gary Clifford** **3-23-06**  
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**300069547023**  
04/05/06--01041--017 \*\*300.00

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: *Gary Clifford* **Gary Clifford** **3-23-06** **927-530-0075**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #