

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S38780

**FILED**  
**Apr 21, 2005**  
**Secretary of State**

**Entity Name:** CLIFFORD FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

4858 W GANDY BLVD  
TAMPA, FL 33611 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 23546  
TAMPA, FL 33623

**New Mailing Address:**

**FEI Number:** 59-3057156

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLIFFORD, ROBERT A  
15604 SHOAL CREEK PLACE  
ODESSA, FL 33556 US

**Name and Address of New Registered Agent:**

CLIFFORD, ROBERT A  
18007 CLEAR LAKE DRIVE  
LUTZ, FL 33548 US

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: ROBERT A. CLIFFORD

04/21/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: ROBERT A. CLIFFORD,  
Address: 15604 SHOAL CREEK PLACE  
City-St-Zip: ODESSA, FL 33556

Title: VT ( ) Delete  
Name: PENNY E. CLIFFORD,  
Address: 15604 SHOAL CREEK PLACE  
City-St-Zip: ODESSA, FL 33556

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS (X) Change ( ) Addition  
Name: ROBERT A. CLIFFORD,  
Address: 18007 CLEAR LAKE DRIVE  
City-St-Zip: LUTZ, FL 33548

Title: VT (X) Change ( ) Addition  
Name: PENNY E. CLIFFORD,  
Address: 18007 CLEAR LAKE DRIVE  
City-St-Zip: LUTZ, FL 33548

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT A. CLIFFORD

PS

04/21/2005

Electronic Signature of Signing Officer or Director

Date