2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# S92800

Entity Name: CLIFTON SPRINGS CORPORATION

Current Principal Place of Business:

1987 SPRING AVENUE
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 196741
WINTER SPRINGS, FL 32719 US

New Mailing Address:

FEI Number: 59-3095277 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEMP, E. DAVID
669 EAST HWY 50
CLERMONT, FL 34711 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: WOOD, JERRY,
Address: 1987 SPRING AVE
City-St-Zip: OVIEDO, FL 32765

Title: S ( ) Delete
Name: KEMP, E. DAVID,
Address: 669 E. HWY 50
City-St-Zip: CLERMONT, FL 34711

Title: VP ( ) Delete
Name: PEARCE, DAVID B
Address: 1987 SPRING AVE
City-St-Zip: OVIEDO, FL 32765

Title: SD ( ) Delete
Name: SHAW, MARGARET
Address: 1967 SPRING AVENUE
City-St-Zip: OVIEDO, FL 32765

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change ( ) Addition
Name: PEARCE, DAVID B
Address: 1987 SPRING AVE
City-St-Zip: OVIEDO, FL 32765

Title: SD (X) Change ( ) Addition
Name: SHAW, MARGARET
Address: 1987 SPRING AVENUE
City-St-Zip: OVIEDO, FL 32765

Title: DVP ( ) Change (X) Addition
Name: MOORE, ELLEN B
Address: 1987 SPRING AVENUE
City-St-Zip: OVIEDO, FL 32765

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: MARGARET SHAW SD 04/30/2004

Electronic Signature of Signing Officer or Director Date