2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# 581454

Entity Name: KLINE PROPERTIES, INC.

Current Principal Place of Business:

18701 SAN CARLOS BLVD.
FT. MYERS BEACH, FL 33931

New Principal Place of Business:

Current Mailing Address:

18701 SAN CARLOS BLVD.
FT. MYERS BEACH, FL 33931

New Mailing Address:

FEI Number: 59-1842067 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLINE, WILLIAM H
12590 KELLY PALM DRIVE
FT. MYERS, FL 33908 US

Name and Address of New Registered Agent:

MORRISSETTE, CAROLYN K
18701 SAN CARLOS BLVD.
FT. MYERS BEACH, FL 33931 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: CAROLYN K. MORRISSETTE 03/27/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: UNDERWOOD, CAROLYN K
Address: 18701 SAN CARLOS BLVD.
City-St-Zip: FT MYERS BEACH, FL 33931

Title: D ( ) Delete
Name: KLINE, WILLIAM H
Address: 12590 KELLY PALM DRIVE
City-St-Zip: FT. MYERS, FL 33908

Title: VD ( ) Delete
Name: KLINE, DOROTHY J
Address: 12590 KELLY PALM DRIVE
City-St-Zip: FT. MYERS, FL 33908

Title: PD ( ) Delete
Name: KLINE, DAVID A
Address: 18701 SAN CARLOS BLVD
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: D ( ) Delete
Name: KLINE, WILLIAM H III
Address: 12 ARTHUR AVE
City-St-Zip: CORTLAND, NY 13045

Title: D ( ) Delete
Name: KLINE, DONALD R
Address: 4 RIDGEVIEW DR
City-St-Zip: CORTLAND, NY 13045

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition
Name: MORRISSETTE, CAROLYN K
Address: 18701 SAN CARLOS BLVD.
City-St-Zip: FT MYERS BEACH, FL 33931

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CAROLYN K. MORRISSETTE STD 03/27/2009
Electronic Signature of Signing Officer or Director Date