

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H73390

Entity Name: K-LINE, INC.

FILED  
Mar 28, 2008  
Secretary of State

## Current Principal Place of Business:

1410 OGDEN RD.  
VENICE, FL 34292

## New Principal Place of Business:

1410 OGDEN RD.  
VENICE, FL 34285

## Current Mailing Address:

1410 OGDEN RD.  
VENICE, FL 34292

## New Mailing Address:

1410 OGDEN RD.  
VENICE, FL 34285

FEI Number: 59-2581230

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WONES, MAX M.  
140 ROSE DR  
VENICE, FL 34293 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: DP ( ) Delete  
Name: WONES, MAX M.,  
Address: 140 ROSE DR  
City-St-Zip: VENICE, FL

Title: DV ( ) Delete  
Name: WONES, GREGORY L.,  
Address: 5919 RAINER RIDGE RD  
City-St-Zip: MONTGOMERY, AL

Title: DT ( ) Delete  
Name: WONES, BEVERLY J.,  
Address: 140 ROSE DR  
City-St-Zip: VENICE, FL

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: WONES, MAX M.,  
Address: 140 ROSE DR  
City-St-Zip: VENICE, FL 342937505

Title: VP (X) Change ( ) Addition  
Name: WONES, GREGORY L.,  
Address: 5919 RAINER RIDGE RD  
City-St-Zip: MONTGOMERY, AL 36117

Title: TREA (X) Change ( ) Addition  
Name: WONES, BEVERLY J.,  
Address: 140 ROSE DR  
City-St-Zip: VENICE, FL 342937505

Title: SECY ( ) Change (X) Addition  
Name: WONES, BEVERLY J SECY  
Address: 140 ROSE DR  
City-St-Zip: VENICE, FL 342937505

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: MAX M WONES

PRES

03/28/2008

Electronic Signature of Signing Officer or Director

Date