

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # K62032	
1. Entity Name CLINE'S FLYING "C" RANCH, INC.	



Principal Place of Business C/O ORIS CLINE 6955 VERNA BETHANN RD MYAKKA CITY, FL 34251	Mailing Address 6955 VERNA BETHANY RD MYAKKA CITY, FL 34251 US
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01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0091782	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CLINE, ORIS
7065 VERNA BETHANN RD
MYAKKA CITY, FL 34251

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CLINE, ORIS 7065 VERNA BETHANY RD MYAKKA CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST CLINE, LARRY 5522 257TH ST EAST MYAKKA CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLINE, DART 5562 257TH STREET E. MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/27/05-80138-013 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Larry E. Cline LARRY E. CLINE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-05
Date

941-322-7446
Daytime Phone #