

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 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 BETHANN RD
MYAKKA CITY, FL 34251 US**

DO NOT WRITE IN THIS SPACE



03292006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0091782 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fees Required

8. 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, 2006 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 BETHANN 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

000000507934
04/27/06-30082-025 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 3-31-06 941-322-2146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #