

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
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



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0091782

Applied For
Not Applicable

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CLINE, ORIS
STREET ADDRESS 7065 VERNA BETHANN RD
CITY-ST-ZIP MYAKKA CITY, FL

TITLE DST
NAME CLINE, LARRY
STREET ADDRESS 5522 257TH ST EAST
CITY-ST-ZIP MYAKKA CITY, FL

TITLE D
NAME CLINE, DART
STREET ADDRESS 5562 257TH STREET E.
CITY-ST-ZIP MYAKKA CITY, FL 34251

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CITY-ST-ZIP

U00000892869
04/23/08-80073-021 158.75

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-08

Date

941-322-2146

Daytime Phone #