


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000107327</b>	
1. Entity Name R. CLINE & AFFILIATES, INC.	

Principal Place of Business 5339 CHIPPENDALE CIRCLE, EAST FT. MYERS, FL 33919	Mailing Address 5339 CHIPPENDALE CIRCLE, EAST FT. MYERS, FL 33919
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01182004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1059982	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  CLINE, RICHARD M 5339 CHIPPENDALE CIRCLE, EAST FT. MYERS, FL 33919
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000105429 04/07/04-80025-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLINE, RICHARD M 5339 CHIPPENDALE CIRCLE, EAST FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD CLINE, KATHLEEN A 5339 CHIPPENDALE CIRCLE, EAST FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

<b>SIGNATURE:</b>  KATHLEEN A CLINE, V.P. 4-5-04 239-590-0596	Day/Time Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	