



**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P00000107327 1. Entity Name R. CLINE & AFFILIATES, INC.	
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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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**DO NOT WRITE IN THIS SPACE**

	
02032007	No Chg-P CR2E034 (11/05)
4. FEI Number 65-1059982	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CLINE, RICHARD M  
 5339 CHIPPENDALE CIRCLE, EAST  
 FT. MYERS, FL 33919

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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, 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	

**DO NOT WRITE IN THIS SPACE**

U00000721362  
 05/01/07-80141-018 150.00

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: Richard M. Cline Richard M. Cline 4/16/07 239 590-0596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #