2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000049631

1. Entity Name
CLINE'S INSTALLATIONS, INC.

Principal Place of Business	Mailing Address
9341 OCEANSPRAY BOULEVARD ENGLEWOOD, FL 34224	9341 OCEANSPRAY BOULEVARD ENGLEWOOD, FL 34224

DO NOT WRITE IN THIS SPACE

01312004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-1105815		Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLINE, JACQUIE L
9341 OCEANSPRAY BOULEVARD
ENGLEWOOD, FL 34224

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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_____
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, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	CLINE, GEORGE R
STREET ADDRESS	94341 OCEANSPRAY BOULEVARD
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	D
NAME	CLINE, JACQUIE L
STREET ADDRESS	9341 OCEANSPRAY BOULEVARD
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/04-80066-008 150.00

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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.

SIGNATURE: _Jacquie R Cline_ George R Cline 4/22/04 #75-7256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #