


**FILED**  
**Jul 30, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90333 013 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P06000101849</b>			
1. Entity Name <b>CARDINAL LINERS, INC.</b>			
Principal Place of Business <b>1298 NORTH HOLLAND TOWN ROAD WAUCHULA, FL 33873</b>		Mailing Address <b>1298 NORTH HOLLAND TOWN ROAD WAUCHULA, FL 33873</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>20-5330696</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>FLOWERS, JERI 1298 NORTH HOLLAND TOWN RD WAUCHULA, FL 33873</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 use if applicable (NOTE: Registered Agent signature required when remaining)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLOWERS, DAVID 1298 NORTH HOLLAND TOWN ROAD WAUCHULA, FL 33873 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T FLOWERS, JERI 1298 NORTH HOLLAND TOWN RD WAUCHULA, FL 33873 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Jeri Flowers</i> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/9/07 (823) 773-6945 <small>Date Daytime Phone #</small>	

ATTACHMENT  
66020666  
#P06000101849

**GRAHAM INCOME TAX SERVICE INC.**



120 North 4th Avenue  
Wauchula, FL 33873

863-773-2637

Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

July 27, 2007

I am writing in regards to the letter I received stating the reason why the annual report for Cardinal Liners was not filed due to missing FEIN number in box 4. I understand that there was a letter sent back in April however we never got that letter. So I am asking that I this to be correct and allow the annual report be filed. Thank you for your prompt attention and assistance to this matter.

Thank you.

A handwritten signature in cursive script that reads "Bridget McVay".  
Bridget McVay

April 21, 2007

ATTACHMENT

66020666

CARDINAL LINERS, INC.  
1298 NORTH HOLLAND TOWN ROAD  
WAUCHULA, FL 33873

SUBJECT: CARDINAL LINERS, INC.  
Ref. Number: P06000101849

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800)829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6056 and press 4. Your call will be answered in the order it is received.

ANNUAL REPORTS SECTION

Letter number: 007A00027466

/vrh  
Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida  
32314

+ NEXT, - PREV, 1. MENU, 2. FILING  
7. LIST  
ENTER SELECTION AND CR: