2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008
Secretary of State

DOCUMENT# P96000025414

Entity Name: S.E. CLINE CONSTRUCTION, INC.

Current Principal Place of Business:

18 UTILITY DRIVE
PALM COAST, FL 32137 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 354425
PALM COAST, FL 321354424 US

New Mailing Address:

FEI Number: 59-3370544 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	CLINE, SAMUEL E	
Address:	PO BOX 625	
City-St-Zip:	BUNNELL, FL 32110	
Title:	T	( ) Delete
Name:	CLINE, DIANE J	
Address:	P.O. BOX 262	
City-St-Zip:	FLAGLER BEACH, FL 32136	
Title:	VP	( ) Delete
Name:	SOWERS, SCOTT D	
Address:	176A N. CORAL REEF CT.	
City-St-Zip:	PALM COAST, FL 32137	
Title:	S	( ) Delete
Name:	BOUILLON, LORRAINE	
Address:	907 CR 13	
City-St-Zip:	BUNNELL, FL 32110	
Title:	VP	( ) Delete
Name:	CAMERON JR., CHARLES M	
Address:	25 WESTMAYER PL.	
City-St-Zip:	FLAGLER BEACH, FL 32136	
Title:	VP	( ) Delete
Name:	HUMPHRIES JR., EDDIE J	
Address:	6779 MAGNOLIA LN.	
City-St-Zip:	ST. AUGUSTINE, FL 32086	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	SOWERS, SCOTT D	
Address:	1093 CR 13	
City-St-Zip:	BUNNELL, FL 32110	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL E. CLINE P 01/16/2008

Electronic Signature of Signing Officer or Director — Date