

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000025414

FILED  
Jan 14, 2009  
Secretary of State

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: 1093 CR 13  
City-St-Zip: BUNNELL, FL 32110

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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LORRAINE BOUILLON

S

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date