

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000025414

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

FILED
Mar 15, 2011
Secretary of State

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:

LIVINGSTON & WOLVERTON, P.A.
20 AIRPORT RD STE A
PALM COAST, FL 32164 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

OFFICERS AND DIRECTORS:

Title: P
Name: CLINE, SAMUEL E
Address: PO BOX 625
City-St-Zip: BUNNELL, FL 32110

Title: T
Name: CLINE, DIANE J
Address: P.O. BOX 262
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VP
Name: SOWERS, SCOTT D
Address: 1093 CR 13
City-St-Zip: BUNNELL, FL 32110

Title: VP
Name: CAMERON JR., CHARLES M
Address: 25 WESTMAYER PL.
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VP
Name: HUMPHRIES JR., EDDIE J
Address: 6779 MAGNOLIA LN.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: S
Name: ALCINDOR, CYRIACUS
Address: 14 KASBAH PLACE
City-St-Zip: PALM COAST, FL 32137

I hereby 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 all other like empowered.

SIGNATURE: SAMUEL E CLINE

PRES

03/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date