

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000107327

**Entity Name:** R. CLINE & AFFILIATES, INC.

**Current Principal Place of Business:**

5339 CHIPPENDALE CIRCLE, EAST  
FT. MYERS, FL 33919

**Current Mailing Address:**

5339 CHIPPENDALE CIRCLE, EAST  
FT. MYERS, FL 33919

**FEI Number:** 65-1059982

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CLINE, RICHARD M  
5339 CHIPPENDALE CIRCLE, EAST  
FT. MYERS, FL 33919 US

*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

**Officer/Director Detail :**

Title	PD	Title	VSTD
Name	CLINE, RICHARD M	Name	CLINE, KATHLEEN A
Address	5339 CHIPPENDALE CIRCLE, EAST	Address	5339 CHIPPENDALE CIRCLE, EAST
City-State-Zip:	FT. MYERS FL 33919	City-State-Zip:	FT. MYERS FL 33919

*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:** KATHLEEN A. CLINE

**VICE PRESIDENT**

**02/18/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date