2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 232670

1. Entity Name
FLORIDA LEVEL & TRANSIT CO., INC.

Principal Place of Business	Mailing Address
809 PROGRESSO DR. FT LAUDERDALE, FL 33304 US	809 PROGRESSO DR. FT LAUDERDALE, FL 33304 US

04112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0905860
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MACDONALD, RICHARD J.
3020 N.E. 41ST STREET
FORT LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	MACDONALD,J RICHARD
STREET ADDRESS	3020 NE 41 STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	D
NAME	FEARON, GREGORY
STREET ADDRESS	12943 HYLAND CIRCLE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	STD
NAME	MCKAY, JOHN
STREET ADDRESS	20810 SONETO DR
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	FINTAK, ROBERT A.
STREET ADDRESS	2108 N.E. 17 TERRACE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33305
TITLE	D
NAME	NETTLES, ROBERT L.
STREET ADDRESS	1801 NW 40 STREET
CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	P
NAME	MCKAY, TERRY S
STREET ADDRESS	20810 SONETO DR
CITY-ST-ZIP	BOCA RATON, FL 33433

U00000539182
05/09/06-80090-015 150.00

DO NOT WRITE IN THIS SPACE

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: _____ 4/25/06 954-763-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #