2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 27, 2004 08:00 AM DOCUMENT # K41757 **Secretary of State** 1. Entity Name LEVEL CONSTRUCTION, INC. Principal Place of Business Mailing Address 1218 SE 9TH TERRACE #2 1218 SE 9TH TERRACE #2 CAPE CORAL FL 33990 CAPE CORAL FL 33990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For **NO-T APPLICABLE** Not Applicat Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BORES, KENNETH J. Street Address (P.O. Box Number is Not Acceptable) 4431 SE 19TH AVENUE CAPE CORAL FL 33904-6038 City Zip Code 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 accerthe obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agont and tide if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May B 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PST TITLE ☐ Change TESTE Detete U00000014891 BORES, KENNETH J. MARKE NAME 01/27/04-80040-015 150.00 STREET ADDRESS 4431 SE 19TH AVE. STREET ADDRESS City-ST-ZIP CAPE CORAL FL CRY-ST-ZP ☐ Add TITLE ☐ Delete 3133 F Change NAME GREY, DONALD R. NAME STREET ADDRESS 5890 MAPLEWOOD CT STREET ADDRESS CITY - ST - ZIP FORT MYERS FL 33905 CITY ST-ZIP 31715 Change □ Arf TIME ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SE-7/P TITLE Change Act. TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-ST-ZIP ☐ Change TITLE Delete TIBLE □ Add MAME STARKE STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Celete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(I), 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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(239)458-55E

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