2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 12, 2006 08:00 AM Secretary of State

DOCUMENT # K41757	٠

1. Entity Name LEVEL CONSTRUCTION, INC.



Principal Place of Business

1218 SE 9TH TERRACE #2 CAPE CORAL, FL 33990 Mailing Address

1218 SE 9TH TERRACE #2 CAPE CORAL, FL 33990



DO NOT WRITE IN THIS SPACE

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/10 3 Z000	IND CHOSE	UNXE034 (11/0

4. FEI Number Applied For NOT APPLICABLE Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BORES, KENNETH J. 4431 SE 19TH AVENUE CAPE CORAL, FL 33904-6038

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the priors of registered agent.	irpose of changing its re	egistered office or	registered agent, or bo	th, in the State of Florida.) am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE, F	Registered Agent signatur	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees	1/00000384405 01/17/06-80011-009 150.00	
10.	OFFICERS AND DIREC	TORS		· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BORES, KENNETH J. 703 SE 7TH STREET CAPE CORAL, FL 33990	<u>.</u>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREY, DONALD R. 5890 MAPLEWOOD CT FORT MYERS, FL 33905					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		***************************************				
TITLE NAME STREET ADDRESS CITY+ST-ZIP						
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 reportiver 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.						