## 2005 FOR PROFIT CORPORATION

## Jan 07, 2005 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P01000072065** 01-07-2005 90002 035 \*\*\*158.75 STRAIGHT & LEVEL ENTERPRISES, INC. Mailing Address Principal Place of Business 33330 ROWNTREE DRIVE 20000332 33330 ROWNTREE DRIVE RIDGE MANOR, FL 33523 RIDGE MANOR, FL 33523 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032005 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For City & State 59-3733006 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOY, FAYE 33330 ROWNTREE DRIVE Street Address (P.O. Box Number is Not Acceptable) RIDGE MANOR, FL 33523 Maner 8. The above named entity submits this statement for the purpose of changing its registered office or regi stered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Maris 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE ☐ Addition ☐ Change HOY, LARRY NAME 33330 ROWNTREE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RIDGE MANOR, FL 33523 CITY-ST-ZIP Delete Change Addition HOY, FAYE NAME NAME Rounties Drive STREET ADDRESS 33330 ROWNTREE DR STREET ADDRESS CITY-ST-ZIP RIOGE MANOR, FL 33523 CITY-ST-ZIP TITLE Delete ΠΠE ☐ Change ☐ Addition ALEXANDER, MICHAEL G NAME NAME 33330 ROWNTREE DRIVE STREET ADDRESS STREET ADDRESS RIDGE MANOR, FL 33523 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition MILLER, SHANE NAME NAME STREET ADDRESS 33330 ROWNTREE DRIVE STREET ADDRESS CITY-ST-ZIP RIDGE MANOR, FL 33523 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing 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 director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 627, 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.

CITY-ST-ZIP

FILED