

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

APPROVED
AND
FILED

112

DOCUMENT # P01000105832

1. Entity Name
STEVE LEVIN PA



05 JUN -9 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3245 NW 68 AVE.
MARGATE, FL 33063

Mailing Address

*3245 NW 68 AVE
MARGATE FL 33063*
SAME



06022005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1149994

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEVIN, STEVEN
3245 NW 68 AVE.
MARGATE, FL 33063

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME LEVIN, STEVEN
STREET ADDRESS 3245 NW 68 AVE.
CITY-ST-ZIP MARGATE, FL 33063

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CITY-ST-ZIP

300056154603
06/14/05--01051--003 **150.00

**DO NOT WRITE
IN THIS SPACE**

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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32314

GENTLEMEN:

ENCLOSED IS THE ANNUAL REPORT FORM FOR 2005.

THE ORIGINAL POSTCARD WAS NEVER RECEIVED IN JANUARY, 2005 FOR
THE YEAR 2005. PLEASE ACCEPT THE PAYMENT OF \$ 150.00 IN PAYMENT OF
THE ANNUAL REPORT FEE.

YOURS TRULY

A handwritten signature in black ink, appearing to read "Stan Lee", written over the words "YOURS TRULY".