

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90216 033 ***150.00

DOCUMENT # P03000032223

1. Entity Name

PLUMB, LEVEL & SQUARE CONSTRUCTION, INC.



Principal Place of Business

164 SOUTH COLORADO AVENUE
 DELAND FL 32724

Mailing Address

164 SOUTH COLORADO AVENUE
 DELAND FL 32724

2. Principal Place of Business

Plumb, Level, + Square Const. Inc.
 Suite, Apt. #, etc.
 164 S. Colorado Ave.

City & State

Deland, Fl.

Zip
 32724

Country

U.S.A

3. Mailing Address

Plumb, Level, + Square Const. Inc.
 Suite, Apt. #, etc.
 P.O box 2832

City & State

Deland, Fl. 32721

Zip
 32721

Country

U.S.A



MOORE

CR2E034 (11/03)

4. FEI Number

020682901

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOFFER, JOSEPH D
 164 SOUTH COLORADO AVENUE
 DELAND FL 32724

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 accept the obligations of registered agent.

SIGNATURE

Joseph D. Hoffer (President)

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SETTERES, KELLY E	
STREET ADDRESS	PO BOX 566	
CITY-ST-ZIP	LAKE HELEN FL 32744	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STINGLETARY, JIMMY T JR	
STREET ADDRESS	31322 BENTON DRIVE	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOFFER, JOSEPH D.	
STREET ADDRESS	164 SOUTH COLORADO AVENUE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFER, JOSEPH D.	
STREET ADDRESS	P.O box 2832	
CITY-ST-ZIP	Deland, Fl. 32721	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Joseph D. Hoffer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-04

Date

(904) 219-4876

Daytime Phone #