


**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      Mailing Address

164 SOUTH COLORADO AVENUE      164 SOUTH COLORADO AVENUE  
 DELAND FL 32724                      DELAND FL 32724

2. Principal Place of Business      3. Mailing Address


*Plumb, Level, + Square Const. Inc.*      *Plumb, Level, + Square Const. Inc.*  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
*164 S. Colorado Ave.*                      *P.O. box 2832*

City & State      City & State

*Deland, Fl.*                      *Deland, Fl. 32721*

Zip      Country      Zip      Country

*32724*      *U.S.A*      *32721*      *U.S.A*



MOORE      CR2E034 (11/03)

4. FEI Number      Applied For

*020682901*      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* **Joseph D. Hoffer (President)**      DATE **4-9-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		

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*      **Joseph D. Hoffer**      DATE **4-9-04**      DAYTIME PHONE # **(904) 219-4876**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #