


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 DELAND FL 32724 **164 SOUTH COLORADO AVENUE 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)** **4-9-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFER, JOSEPH D. P.O. box 2832 Deland, Fl. 32721 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **4-9-04** **(904) 219-4876**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #