

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90303 031 ***150.00

DOCUMENT # P04000137179

1. Entity Name

ON THE LEVEL CONSTRUCTION SERVICES, INC.



Principal Place of Business

**450 S. MEANDER DRIVE
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**450 S. MEANDER DRIVE
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

1020 SAVAGE CT

Suite, Apt. #, etc.

3. Mailing Address

1020 SAVAGE CT

Suite, Apt. #, etc.

City & State

LONGWOOD FL

City & State

LONGWOOD FL

Zip

32750

Country

SEMINOLE

Zip

32750

Country

SEMINOLE

4. FEI Number

20-1895981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCALISTER, LAURA L
450 S. MEANDER DRIVE
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name

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

1020 SAVAGE CT

City

LONGWOOD

FL

Zip Code

32750

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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 **PST** ☐ Delete
NAME **MCALISTER, LAURA L**
STREET ADDRESS **450 S. MEANDER DRIVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **VP** ☐ Delete
NAME **MCALISTER, KIRK L**
STREET ADDRESS **450 S. MEANDER DRIVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **TR.** ☐ Delete
NAME **MCALISTER, JOHN W**
STREET ADDRESS **450 S. MEANDER DR.**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **SEC** ☐ Delete
NAME **MCALISTER, WILLIAM C**
STREET ADDRESS **450 S. MEANDER DR.**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: KIRK L. MCALISTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-06 407-448-2778

Date

Daytime Phone #