

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000137179

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: ON THE LEVEL CONSTRUCTION SERVICES, INC.

## Current Principal Place of Business:

285 NATIONAL PL  
137  
LONGWOOD, FL 32750

## New Principal Place of Business:

## Current Mailing Address:

285 NATIONAL PL.  
137  
LONGWOOD, FL 32750

## New Mailing Address:

FEI Number: 20-1895981

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCALISTER, LAURA L  
285 NATIONAL PL  
137  
LONGWOOD, FL 32750 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: MCALISTER, KIRK L  
Address: 1249 BENT OAK TR.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP ( ) Delete  
Name: DECURTINS, DAVID  
Address: 700 E 14 STREET  
City-St-Zip: SANFORD, FL 32771

Title: TR ( ) Delete  
Name: FULLER, MARK C  
Address: 1106 DORIS AVENUE  
City-St-Zip: TAVARES, FL 32778

Title: SEC ( ) Delete  
Name: MCALISTER, LAURA L  
Address: 1249 BENT OAK TR.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIRK L. MCALISTER

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date