

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90145 050 ***158.75

DOCUMENT # P05000049971

1. Entity Name

LEVESQUE CONSTRUCTION SERVICES, INC.



Principal Place of Business

1250 NE 189TH LANE
CITRA FL 32113

Mailing Address

1250 NE 189TH LANE
CITRA FL 32113



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

20 2611488

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVESQUE, PAUL R
1250 NE 189TH LANE
CITRA FL 32113

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

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

(NOTE: Registered Agent signature required when resigning)

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	P	<input type="checkbox"/> Delete
NAME	LEVESQUE, PAUL R	
STREET ADDRESS	1250 NE 189TH LANE	
CITY- ST- ZIP	CITRA FL 32113	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEVESQUE, PAUL R	
STREET ADDRESS	1250 NE 189TH LANE	
CITY- ST- ZIP	CITRA FL 32113	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEVESQUE, PAUL R	
STREET ADDRESS	1250 NE 189TH LANE	
CITY- ST- ZIP	CITRA FL 32113	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEVESQUE, PAUL R	
STREET ADDRESS	1250 NE 189TH LANE	
CITY- ST- ZIP	CITRA FL 32113	
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	
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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 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:

Paul R. Levesque
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-06

Date

1-352-5957148

Daytime Phone #