


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90056 031 ***150.00

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|--|---|---|---|
| DOCUMENT # P05000074484 1. Entity Name PLEVEL REALTY, INC. | |  | |
| Principal Place of Business 262 APOLLO BEACH BLVD APOLLO BEACH, FL 33572 | | Mailing Address 282 APOLLO BEACH BLVD APOLLO BEACH, FL 33572 | |
| 2. Principal Place of Business 6439 Rubia Circle Suite, Apt. #, etc. | | 3. Mailing Address 6439 Rubia Circle Suite, Apt. #, etc. | |
| City & State Apollo Beach, FL Zip 33572 Country U.S. | | City & State Apollo Beach, FL Zip 33572 Country U.S. | |
| 4. FEI Number 20-2873147 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PLEVEL, JANEL 262 APOLLO BEACH BLVD. APOLLO BEACH, FL 33572 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6439 Rubia Circle City Apollo Beach FL Zip Code 33572 | |
| 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: <u>Janel M Plevel</u> DATE: <u>1-26-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS PLEVEL, JANEL 262 APOLLO BEACH BLVD APOLLO BEACH, FL 33572 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 6439 Rubia Circle Apollo Beach, FL 33572 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVPT PLEVEL, JOSEPH 262 APOLLO BEACH BLVD APOLLO BEACH, FL 33572 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 6439 Rubia Circle Apollo Beach, FL 33572 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Janel M Plevel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date: <u>1-26-06</u> Daytime Phone #: <u>813-645-8102</u> | |

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