


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90034 028 ***150.00


DOCUMENT # P05000074484	
1. Entity Name PLEVEL REALTY, INC.	

Principal Place of Business 6439 RUBIA CIR APOLLO BEACH, FL 33572	Mailing Address 6439 RUBIA CIR APOLLO BEACH, FL 33572
---	---

2. Principal Place of Business - No P.O. Box # 1200 Gulf Blvd	3. Mailing Address 1200 Gulf Blvd
Suite, Apt. #, etc. # 1004	Suite, Apt. #, etc. # 1004

City & State Clearwater, FL	City & State Clearwater, FL
Zip 33767	Zip 33767
County Pinellas	County Pinellas

40010131



01092008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent PLEVEL, JANEL 439 RUBIA CIR APOLLO BEACH, FL 33572	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1200 Gulf Blvd # 1004 City Clearwater FL Zip Code 33767	

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 Janel Plevel **JANEL PLEVEL 1-17-08**
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, 2008 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 6439 RUBIA CIR APOLLO BEACH, FL 33572 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1200 Gulf Blvd. # 1004 Clearwater, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT PLEVEL, JOSEPH 6439 RUBIA CIR APOLLO BEACH, FL 33572 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1200 Gulf Blvd # 1004 Clearwater, FL 33767
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
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
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
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

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: Janel Plevel **JANEL PLEVEL 1-17-08** **813-645-9520**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #