

# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000093425

Entity Name: GROUND LEVEL, INC.

FILED  
Sep 15, 2009  
Secretary of State

## Current Principal Place of Business:

6051 S.R. 640 W.  
BARTOW, FL 33830

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1403  
MULBERRY, FL 33860

## New Mailing Address:

FEI Number: 03-0564461

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONNELL, CHRISTOPHER S  
6051 S.R. 640 W.  
BARTOW, FL 33830 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

## OFFICERS AND DIRECTORS:

Title: VP T ( ) Delete  
Name: FORD, RICHARD M  
Address: 4645 LUCE RD.  
City-St-Zip: LAKELAND, FL 33813

Title: P S ( ) Delete  
Name: CONNELL, CHRISTOPHER S  
Address: 2105 NICHOLS ROAD  
City-St-Zip: LITHIA, FL 33547

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P S (X) Change ( ) Addition  
Name: FORD, RICHARD M  
Address: 4645 LUCE RD.  
City-St-Zip: LAKELAND, FL 33813

Title: VP T (X) Change ( ) Addition  
Name: CONNELL, CHRISTOPHER S  
Address: 2105 NICHOLS ROAD  
City-St-Zip: LITHIA, FL 33547

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: CHRISTOPHER CONNELL

S

09/15/2009

Electronic Signature of Signing Officer or Director

Date