
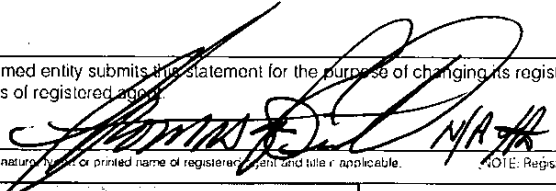


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90023 042 \*\*\*150.00

<b>DOCUMENT # P06000139094</b>			
1. Entity Name <b>LEVEL LINE CONSTRUCTION COMPANY, INC.</b>			
Principal Place of Business <b>13806 LITTLE ROAD HUDSON FL 34667</b>		Mailing Address <b>13806 LITTLE ROAD HUDSON FL 34667</b>	
2. Principal Place of Business - No P.O. Box # <b>2944 STANSTEAD CIRCLE</b>		3. Mailing Address <b>PO BOX 2424</b>	
Suite, Apt. #, etc. <b>NORCROSS, GA 30071</b>		Suite, Apt. #, etc.	
City & State <b>NORCROSS, GEORGIA</b>		City & State <b>NORCROSS GEORGIA</b>	
Zip <b>30071</b>		Zip <b>30091</b>	
Country		Country	
4. FEI Number <b>20-5821369</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RIEDEL, THOMAS E 13806 LITTLE ROAD HUDSON FL 34667</b>		7. Name and Address of New Registered Agent Name <b>N/A</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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  <b>N/A</b> <small>Signature must be printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P. <b>RIEDEL, THOMAS E</b> <input type="checkbox"/> Delete <b>13806 LITTLE ROAD HUDSON FL 34667</b>	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
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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 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:  **PRESIDENT** **4/28/2007** **(770) 241-6691**  
SIGNATURE AND TYPED REPORTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #