


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000011661 1. Entity Name LEVELTECH, INC.	
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Principal Place of Business 1222 COMMODORE DR. NEW SMYRNA BCH., FL 32168 US	Mailing Address 1222 COMMODORE DR. NEW SMYRNA BCH., FL 32168 US
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**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3228057	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  PERNELL, MARK A 1222 COMMODORE DR. NEW SMYRNA BCH., FL 32168	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000047928 02/12/04-80060-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT PERNELL, MARK A 1222 COMMODORE DR. NEW SMYRNA BCH., FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MONGETO, VINCENT 1222 COMMODORE DR. NEW SMYRNA BCH., FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERNELL, DEBORAH J 1222 COMMODORE DRIVE NEW SMYRNA BCH., FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Mark A. Pernell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>1/19/04</u>	Daytime Phone #: <u>386-423-7285</u>
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