


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90006 004 \*\*\*150.00

**DOCUMENT # P96000043654**  
 1. Entity Name  
**STEPHEN LEVINE & ASSOCIATES, INC.**



Principal Place of Business 2651 PARK WINDSOR DRIVE SUITE 208 FT. MYERS, FL 33901	Mailing Address PO BOX 7259 FT MYERS, FL 33911-7259
--	---

**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0667918	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

LEVINE, STEPHEN M  
 2651 PARK WINDSOR DRIVE  
 SUITE 208  
 FT MYERS, FL 33901

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEVINE, STEPHEN M 2651 PARK WINDSOR DRIVE SUITE 208 FT. MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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:** *Stephen M Levine* Pres Stephen Levine 1/28/06 239-278-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #