
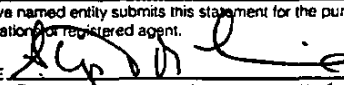
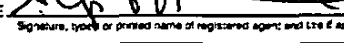
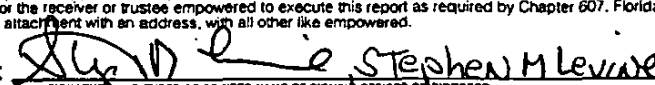


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

04-25-2008 90151 015 ***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	
2. Principal Place of Business - No P.O. Box # 4100 CENTER POINTE DR		3. Mailing Address	
Suite, Apt. #, etc. 109		Suite, Apt. #, etc.	
City & State FT. MYERS		City & State FL.	
Zip 33916	Country U.S.A.	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEVINE, STEPHEN M 2651 PARK WINDSOR DRIVE SUITE 208 FT. MYERS, FL 33901		Name: STEPHEN M. LEVINE Street Address (P.O. Box Number is Not Acceptable): 4100 CENTER POINTE DR. #109 FT. MYERS City: FT. MYERS FL Zip Code: 33916	
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 obligation of the registered agent.			
SIGNATURE: 		DATE: 4/22/08	
SIGNATURE: 		DATE: 4/22/08	
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	D LEVINE, STEPHEN M 2651 PARK WINDSOR DRIVE SUITE 208 FT. MYERS, FL 33901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4100 CENTER POINTE DR #109 FT. MYERS, FL 33916	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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: 		DATE: 4-22-08 239-278-0000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

66012852



01082008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0667918 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required