## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 09, 2006 08:00 AN DOCUMENT # V45421 Secretary of State 1. Entity Name STEVEN G. LEVINE REALTY, INC. Principal Place of Business Mailing Address 2824 VALENCIA WAY 2824 VALENCIA WAY FORT MYERS, FL 33901 FORT MYERS, FL 33901 01062006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0341118 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEVINE, STEVEN G. DO NOT WRITE 2824 VALENCIA WAY FORT MYERS, FL 33901 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DP TITLE NAME LEVINE, STEVEN G STREET ADDRESS 2824 VALENCIA WAY CITY-ST-ZIP FORT MYERS, FL 33901 1100000380597 01/11/06-80020-008 150.00 MILE HAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE HAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

SATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239 7072824 Dáytime Phone #