


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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

06-06-2006 90013 025 \*\*\*150.00

DOCUMENT # V52522			
1. Entity Name LEVEL-IT, INC.			
Principal Place of Business 10476 FLATWOOD AVE WEEKIWACHEE, FL 34613		Mailing Address <del>3227 LEMA DR</del> <del>SPRING HILL, FL 34609</del>	
2. Principal Place of Business <u>SAME</u> Suite, Apt. #, etc.		3. Mailing Address <u>10476 Flatwood Ave</u> Suite, Apt. #, etc.	
City & State		City & State <u>WEEKIWACHEE, FL</u>	
Zip	Country	Zip	Country
		<u>34613</u>	
4. FEI Number 59-3132687		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		7. Name and Address of New Registered Agent	
DOWELL, MICHAEL J. 10476 FLINTWOOD AVE WEEKIWACHEE, FL 34613		Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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: <u>Michael J. Dowell</u>		DATE: <u>6/2/06</u>	
SIGNATURE, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWELL, MICHAEL J.	NAME	
STREET ADDRESS	10476 FLATWOOD AVE	STREET ADDRESS	
CITY-ST-ZIP	WEEKIWACHEE, FL 34613	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>Michael J. Dowell</u>		DATE: <u>6/2/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <u>352-592-7650</u>	

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