

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000037552

**Entity Name:** CAPLING LEVELING, INC.

**Current Principal Place of Business:**

891 WEST COWBOY WAY  
LABELLE, FL 33935

**Current Mailing Address:**

PO BOX 1997  
LABELLE, FL 33975 US

**FEI Number:** 26-4712539

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAPLING, BARBARA  
891 WEST COWBOY WAY  
LABELLE, FL 33935 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PV  
Name CAPLING, WAYNE  
Address 137 S. INDUSTRIAL LOOP  
UNIT 2  
City-State-Zip: LABELLE FL 33935

Title ST  
Name CAPLING, BARBARA  
Address 137 S. INDUSTRIAL LOOP  
UNIT 2  
City-State-Zip: LABELLE FL 33935

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** BARBARA CAPLING

**SECRETARY**

**01/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date