



2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90074 050 ***150.00

DOCUMENT # P04000023615 1. Entity Name LIVINGSTON ELECTRIC INC.																															
Principal Place of Business PO BOX 278 250 SE SR 326 GULF HAMMOCK FL 32639		Mailing Address P.O. BOX 276 GULF HAMMOCK FL 32639																													
2. Principal Place of Business 3260 Redditt Rd Suite, Apt. #, etc. Orlando Florida City & State 32822 Zip USA		3. Mailing Address 3260 Redditt Rd Suite, Apt. #, etc. Orlando Florida City & State 32822 Zip USA																													
																															
		1st MOORE CR2E034 (10/05)																													
4. FEI Number 04-3784759		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent LIVINGSTON, JAMES F 350 SE CR 236 GULF HAMMOCK FL 32639		7. Name and Address of New Registered Agent Name Livingston James F Street Address (P.O. Box Number is Not Acceptable) 3260 Redditt Rd City Orlando State FL Zip Code 32822																													
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 James F. Livingston James F. Livingston Feb 4 2006 <small>Signature, word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP P LIVINGSTON, JAMES F P.O. BOX 276 GULF HAMMOCK FL 32639 </td> <td style="width:50%; text-align: right;"> <input checked="" type="checkbox"/> Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP Livingston James F 3260 Redditt Rd. Orlando FLA 32822 </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr><td> </td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td> </td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td> </td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td> </td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td> </td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP P LIVINGSTON, JAMES F P.O. BOX 276 GULF HAMMOCK FL 32639	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Livingston James F 3260 Redditt Rd. Orlando FLA 32822	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP Livingston James F 3260 Redditt Rd Orlando Florida 32822 </td> <td style="width:50%; text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td> </td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td> </td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td> </td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td> </td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td> </td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td> </td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP Livingston James F 3260 Redditt Rd Orlando Florida 32822	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: James F. Livingston James F. Livingston <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																															