


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000032154</b>	
1. Entity Name LENOX PLACE CORPORATE, INC.	

Principal Place of Business 21301 POWERLINE RD SUITE 312 BOCA RATON, FL 33433 US	Mailing Address P.O. BOX 11229 KNOXVILLE, TN 37939 US
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**DO NOT WRITE IN THIS SPACE**



02252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3317805	Applied For Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

WALTERS, CLIFFORD L  
802 11TH STREET WEST  
BRADENTON, FL 34205

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVIN, RICHARD 1733 WEST FLETCHER AVENUE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RICE, SUZANNE L 1733 FLETCHER AVE. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LEVIN, STEVEN 21301 POWERLINE ROAD SUITE #312 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRUCCI, MARK A 1209 ORANGE STREET WILMINGTON, DE 19801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10/0000289865  
04/06/05-80042-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **3/21/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #  
Steven Levin, Vice President