


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 328058</b> 1. Entity Name LIVECO, INC.	
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Principal Place of Business 2500 BRICKELL AVENUE MIAMI FLA, 33129 US	Mailing Address 11101 S CROWN WAY SUITE 1 WELLINGTON, FL 33414
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01132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1204591	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

LEEMAN, CHARLES L III  
11101 S CROWN WAY  
STE 1  
WELLINGTON, FL 33414

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEEMON, C L 533 FINGER HILL ROAD MARISSA, IL 62257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEEMON, LINDA 15850 BRITTEN LANE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEEMON, C L III 15850 BRITTEN LANE WELLINGTON, FL 33414
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000000009072  
01/20/04-80090-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Charles L. Leemon* *Linda L. Leemon, Sec* *1/14/04* *561-753-9999*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #