

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90013 020 ***150.00

DOCUMENT # 328058 1. Entity Name LIVECO, INC.					
Principal Place of Business 2500 BRICKELL AVENUE MIAMI FLA, 33129 US			Mailing Address 11101 S CROWN WAY SUITE 1 WELLINGTON, FL 33414		
2. Principal Place of Business		3. Mailing Address 3280 FAIRLANE FARMS Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Wellington Florida			
Zip	Country	Zip 33414	Country	4. FEI Number 59-1204591	
5. Certificate of Status Desired <input type="checkbox"/>				\$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			7. Name and Address of New Registered Agent Name Charles L. Leemon III Street Address (P.O. Box Number is Not Acceptable) 3280 FAIRLANE FARMS ROAD City Wellington FL Zip Code 33414		
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><i>Charles L. Leemon III</i></u> Charles L. Leemon III 2/22/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEEMON, C L 533 FINGER HILL ROAD MARISSA, IL 62257	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEEMON, LINDA 15850 BRITTEN LANE WELLINGTON, FL 33414	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEEMON, C L III 15850 BRITTEN LANE WELLINGTON, FL 33414	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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><i>Charles L. Leemon Linda L. Leemon</i></u> Charles L. Leemon Linda L. Leemon 2-22-06 561/753-9999 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40017000



01092008 Chg-P CR2E034 (11/05)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name **Charles L. Leemon III**
 Street Address (P.O. Box Number is Not Acceptable)
3280 FAIRLANE FARMS ROAD
 City **Wellington** **FL** Zip Code **33414**

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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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