

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 503313

1. Entity Name
LIVINGSTON, PATTERSON, STRICKLAND & SIEGEL, P.A.



Principal Place of Business
**46 NORTH WASHINGTON BLVD.
#1
SARASOTA, FL 34236-5928 US**

Mailing Address
**46 NORTH WASHINGTON BLVD.
#1
SARASOTA, FL 34236-5928 US**



04012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1672475

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LPS CORPORATE SVCS., INC.
46 N WASHINGTON BLVD.
SARASOTA, FL 34236**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	PD LIVINGSTON, CHARLES 46 N WASHINGTON BLVD. SARASOTA FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PATTERSON, JOHN 46 N WASHINGTON BLVD. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATTERSON, JOHN 46 N WASHINGTON BLVD. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STRICKLAND, JOHN M 46 N. WASHINGTON BLVD SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SIEGEL, MICHAEL E 46 N WASHINGTON BLVD., #1 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HASKINS, ALISON H 46 N WASHINGTON BLVD., #1 SARASOTA, FL 34236

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04/22/08-80069-020 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Patterson, President

4/6/08 *941-365-0550*

Date

Daytime Phone #