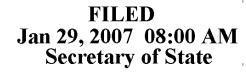
2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #632926 1. Entity Name LEVY RANCHETTES, INC. Principal Place of Business Mailing Address PO BOX 357845 4127 NW 27TH LN. SUITE A GAINESVILLE, FL 32635

GAINESVILLE, FL 32606

LEE, DENNIS G.





No Chg-P

01102007

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1934648	 Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent DO NOT WRITE 4127 NW 27TH LN., SUITE A

GAINESVILLE, FL 32606			IN THIS SPACE			
	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE, Registered	Agent signature	nequired when reinstating)	DATE	
	E NOWIII FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	[
TITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE	SPD LEE, DENNIS 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606 ASV LEE, CARIDAD 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606 AS DAVIES, LISA 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606				U00000605942 01/30/07-80058-016 150.00 NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS						

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:	Herm - de	Dennis C. Lee	1-16-07	352-334-197k
	SIGNATURE AND TYPED OR PRINTED NAME	OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #