


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 658776**  
 1. Entity Name  
**LEVARD ENTERPRISES, INC.**



Principal Place of Business      Mailing Address  
**543 ROYAL PALM BLVD.**      **543 ROYAL PALM BLVD.**  
**SATELLITE BEACH FL 32937**      **SATELLITE BEACH FL 32937**



2. Principal Place of Business      3. Mailing Address's

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/05)  
 4. FEI Number      Applied For  
**59-2007610**      Not Applied

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

6. Name and Address of Current Registered Agent  
**LINDSEY, ALLEN**  
**543 ROYAL PALM BLVD.**  
**SATELLITE BEACH FL 32937**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 reconstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      \$5.00 May 2  
 Trust Fund Contribution.      Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD LINDSEY, ALLEN	TITLE	
NAME	543 ROYAL PALM BLVD	NAME	
STREET ADDRESS	SATELLITE BCH, FL 00000	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DT LINDSEY, MINNIE	TITLE	
NAME	543 ROYAL PALM BLVD	NAME	
STREET ADDRESS	SATELLITE BCH, FL 00000	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D MOWREY, BUCKY	TITLE	
NAME	645 BRITONS CT	NAME	
STREET ADDRESS	OVIEDO FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPD LINDSEY, WILSON	TITLE	
NAME	543 ROYAL PALM BLVD.	NAME	
STREET ADDRESS	SATELLITE BCH, FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD LINDSEY-MOWERY, ELIZABETH	TITLE	
NAME	645 BRITONS CT	NAME	
STREET ADDRESS	OVIEDO FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 02/07/06-20046-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Allen Lindsey*