2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2004
Secretary of State

DOCUMENT# F47780

Entity Name: EDWARD M. LIVINGSTON, P.A.

Current Principal Place of Business:

628 ELLEN DR
P.O BOX 1599
WINTER PARK, FL 32790 US

New Principal Place of Business:

963 TRAIL TERRACE DR.
NAPLES, FL 34103 US

Current Mailing Address:

628 ELLEN DR
P.O BOX 1599
WINTER PARK, FL 32790 US

New Mailing Address:

963 TRAIL TERRACE DR.
NAPLES, FL 34103 US

FEI Number: 59-2127358 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIVINGSTON, EDWARD M
628 ELLEN DR
WINTER PARK, FL 32789

Name and Address of New Registered Agent:

LIVINGSTON, EDWARD M
963 TRAIL TERRACE DR.
NAPLES, FL 34103

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.

SIGNATURE: /EDWARD M LIVINGSTON/ 01/19/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LIVINGSTON, EDWARD M,
Address: 628 ELLEN DRIVE
City-St-Zip: WINTER PARK, FL 32789

Title: S ( ) Delete
Name: LIVINGSTON, DIANNE M
Address: 628 ELLEN DR
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LIVINGSTON, EDWARD M
Address: 963 TRAIL TERRACE DR.
City-St-Zip: NAPLES, FL 34103

Title: S (X) Change ( ) Addition
Name: LIVINGSTON, DIANNE M
Address: 963 TRAIL TERRACE DR.
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: /EDWARD M LIVINGSTON/ P 01/19/2004
Electronic Signature of Signing Officer or Director Date