


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L94604 1. Entity Name LEVINGER COMPANY		
Principal Place of Business 420 S CONGRESS AVE DELRAY BEACH, FL 33445 US	Mailing Address 420 S CONGRESS AVE DELRAY BEACH, FL 33445 US	



04092008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0220430	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 777 S. FLAGLER DR., SUITE 500 EAST WEST PALM BEACH, FL 33401	DO NOT WRITE IN THIS SPACE
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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**

**U00000314964
05/08/08-80075-018 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVEEN, STEVEN 420 S CONGRESS AVE DELRAY BCH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEVEEN, LORI GRANGER 420 S CONGRESS AVE DELRAY BEACH, FL 33445
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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

11 April 08

Date

Daytime Phone #