## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000024390

Entity Name: LEVINGS HOLDINGS, INC.

3127 ATLANTIC BLVD, STE 3

JACKSONVILLE, FL 32207

Address:

City-St-Zip:

FILED Apr 22, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2727 NW 43 ST, STE 5-C GAINESVILLE, FL 32606 **Current Mailing Address: New Mailing Address:** 2727 NW 43 ST, STE 5-C GAINESVILLE, FL 32606 FEI Number: 59-3110566 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRUST, STEVEN E ESQ 50 N LAURA ST, STE 2200 JACKSONVILLE, FL 32202 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LEVINGS, ALBERT S Name: Name: 6109 NW 47 PL Address: Address: City-St-Zip: GAINESVILLE, FL 32653 City-St-Zip: Title: Title: () Change () Addition () Delete Name: PRICE, NED I Name:

Address:

City-St-Zip:

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: ALBERT S. LEVINGS PRES 04/22/2005