

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000024390

Entity Name: LEVINGS HOLDINGS, INC.

FILED
Apr 22, 2005
Secretary of State

Current Principal Place of Business:

2727 NW 43 ST, STE 5-C
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

2727 NW 43 ST, STE 5-C
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 59-3110566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUST, STEVEN E ESQ
50 N LAURA ST, STE 2200
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: LEVINGS, ALBERT S
Address: 6109 NW 47 PL
City-St-Zip: GAINESVILLE, FL 32653

Title: D () Delete
Name: PRICE, NED I
Address: 3127 ATLANTIC BLVD, STE 3
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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

Electronic Signature of Signing Officer or Director

_____ Date