

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000055672

FILED
May 08, 2008
Secretary of State

Entity Name: LIVINGSTON AND PARTNERS, INC.

Current Principal Place of Business:

1335 LAKEWOOD RD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1335 LAKEWOOD RD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3732567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIVINGSTON, JON
1335 LAKEWOOD RD
JACKSONVILLE, FL 32207 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LIVINGSTON, JON
Address: 1335 LAKEWOOD RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: S () Delete
Name: LIVINGSTON, SAMANTHA
Address: 1335 LAKEWOOD RD
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 exemption stated 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 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: JON LIVINGSTON

PD

05/08/2008

Electronic Signature of Signing Officer or Director

Date