

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-23-2005 90009 007 ***150.00

DOCUMENT # P01000059633

1. Entity Name
LIVINGSTON TREASURES, INC.



Principal Place of Business

**1751 E NINE MILE RD
STE 5
PENSACOLA, FL 32514**

Mailing Address

**2350 HWY 97 NORTH
MOLINO, FL 32577**

50062844



2. Principal Place of Business

1741 E NINE MILE RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 5

Suite, Apt. #, etc.

SAME AS ABOVE

City & State

PENSACOLA Florida

City & State

& BELOW

Zip

32514

Country

U.S.A

Zip

32577

Country

U.S.A

08102005 Chg-P CR2E034 (10/03)

4. FEI Number

59-3730796

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LIVINGSTON, JACK E
2350 HWY 97 NORTH
MOLINO, FL 32577**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **LIVINGSTON, JACK E**
STREET ADDRESS **2350 HWY 97 NORTH**
CITY-ST-ZIP **MOLINO, FL 32577**

TITLE **D** ☐ Delete
NAME **LIVINGSTON, LINDA**
STREET ADDRESS **2350 HWY 97 NORTH**
CITY-ST-ZIP **MOLINO, FL 32577**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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

JACK E. LIVINGSTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 18, 2005
Date

850-478-6850
Daytime Phone