


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90088 010 ***150.00

DOCUMENT # P04000023615	
1. Entity Name LIVINGSTON ELECTRIC INC.	

Principal Place of Business P.O. BOX 276 GULF HAMMOCK FL 32639	Mailing Address P.O. BOX 276 GULF HAMMOCK FL 32639
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2. Principal Place of Business Suite, Apt. #, etc. 350 SE SR 326	3. Mailing Address Suite, Apt. #, etc. Livingston EL. Inc PO Box 276
City & State Gulf Hammock FLA	City & State Gulf Hammock FLA
Zip 32639	Country Levy



1st MOORE CR2E034 (10/04)

4. FEI Number 04-3784759	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIVINGSTON, JAMES F 350 SE CR 236 GULF HAMMOCK FL 32639	
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 *James Livingston* *Feb. 20 2005*
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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIVINGSTON, JAMES F P.O. BOX 276 GULF HAMMOCK FL 32639 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *James I. Livingston* *Feb. 20 2005* *407-242-3787*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #