

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000036048

FILED  
Aug 15, 2006  
Secretary of State

Entity Name: LIVINGSTON SPECIALTY CONSTRUCTION, INC.

**Current Principal Place of Business:**

PO BOX 16271 - 1636 BROOME STREET  
FERNANDINA BEACH, FL 320353122 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 16271 - 1636 BROOME STREET  
FERNANDINA BEACH, FL 320353122 US

**New Mailing Address:**

FEI Number: 20-0726190

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LIVINGSTON, JOHN M  
1636 BROOME STREET  
FERNANDINA BEACH, FL 320356271 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: DPT ( ) Delete  
Name: LIVINGSTON, JOHN M  
Address: PO BOX 16271 - 1636 BROOME STREET  
City-St-Zip: FERNANDINA BEACH, FL 320353122 US

Title: DVS ( ) Delete  
Name: LIVINGSTON, EDGAR N  
Address: 3663 SOUTH FLETCHER DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DV (X) Change ( ) Addition  
Name: LIVINGSTON, EDGAR N  
Address: 3663 SOUTH FLETCHER DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: DS ( ) Change (X) Addition  
Name: BLAIR, THOMAS A  
Address: P O BOX 1670 @ 54025 JEANNIE ROAD  
City-St-Zip: CALLAHAN, FL 320111670 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN MICHAEL LIVINGSTON

DPT

08/15/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date