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T HARRINGTON

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90020 003 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                            |                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P05000113413</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                           |
| 1. Entity Name<br><b>B. JAN LIVINGSTON, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |                                                                                                                            |
| Principal Place of Business<br><b>6002 BROOKHAVEN LN<br/>PALATKA, FL 32177</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            | Mailing Address<br><b>P.O. BOX 1795<br/>PALATKA, FL 32178</b>                                                              |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                            |                                                                                                                            |
| 6. Name and Address of Current Registered Agent<br><b>LIVINGSTON, B. JAN<br/>6002 BROOKHAVEN LN<br/>PALATKA, FL 32177<br/>MAIL TO<br/>P.O. BOX 1795 PALATKA, FL 32178</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                            | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                                                                      |
| 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 _____<br><small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                            |                                                                                                                            |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                            |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PRES<br>LIVINGSTON, B JAN<br>6002 BROOKHAVEN LANE P.O. BOX 1795<br>PALATKA, FL 32177 32178 |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                            |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                            |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                            |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                            |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                            |                                                                                                                            |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 807, 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: <b>B. Jan Livingston</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                            | <b>4-25-07 386-328-6716</b><br><small>Date Daytime Phone</small>                                                           |