

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000135682

FILED
May 02, 2007
Secretary of State

Entity Name: LEVORN'S FASHIONS INCORPORATED

Current Principal Place of Business:

1815 MYRTLE AVE.
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 441745
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, LINDA
402 HEARTHSIDE CT.
ORANGEPARK, FL 32065 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: THOMPSON, LINDA
Address: 402 HEARTHSIDE CT.
City-St-Zip: ORANGEPARK, FL 32065

Title: VP () Delete
Name: LATHERS, TONY
Address: 8746 EDGEBROOK CT.
City-St-Zip: JACKSONVILLE, FL 32244

Title: S () Delete
Name: MITCHELL, CORNEISHA
Address: 402 HEARTHSIDE CT.
City-St-Zip: ORANGEPARK, FL 32065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LINDA THOMPSON

P

05/02/2007

Electronic Signature of Signing Officer or Director

_____ Date