

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000052156

Entity Name: LEVIN CORP

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

11227 CLOVERHILL CIR E  
JACKSONVILLE, FL 32257

## **New Principal Place of Business:**

3781 SAN JOSE PLACE  
SUITE 29  
JACKSONVILLE, FL 32257

## **Current Mailing Address:**

11227 CLOVERHILL CIR E  
JACKSONVILLE, FL 32257

## **New Mailing Address:**

11250 OLD ST AUGUSTINE RD  
STE 15248  
JACKSONVILLE, FL 32257

FEI Number: 45-2528732

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEVIN, SIMON  
11227 CLOVERHILL CIRCLE  
JACKSONVILLE, FL 32257 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

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: LEVIN, SIMON  
Address: 11227 CLOVERHILL CIR E  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: VP  
Name: LEVIN, JENNIFER  
Address: 11227 CLOVERHILL CIR E  
City-St-Zip: JACKSONVILLE, FL 32257 US

I hereby 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 all other like empowered.

SIGNATURE: SIMON LEVIN

P

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date