


**2006.FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P30893
1. Entity Name
LEVINE & POOR, INC.



Principal Place of Business Mailing Address
4967 WILLIAM ARNOLD **4967 WILLIAM ARNOLD**
MEMPHIS, TN 38117 US **MEMPHIS, TN 38117 US**

DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
62-0990007 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

1000000386320
01/18/06-80054-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS LEVINE, SIDNEY 4967 WILLIAM ARNOLD RD MEMPHIS, TN 38117
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LEVINE, JOYCE 4967 WILLIAM ARNOLD RD MEMPHIS, TN 38117
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P POOR, MICHAEL 4967 WILLIAM ARNOLD RD MEMPHIS, TN 38117
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowerments.

SIGNATURE: *Sidney B. Levine* **Sidney B. Levine** **Vice President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Levine & Poor, Inc.**
Date: **1/9/06** Daytime Phone #: **901-683-6885**