2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPES OR

Mar 08, 2005 8:00 am **Secretary of State** DOCUMENT # P93000075809 1. Entity Name 03-08-2005 90165 047 ***150.00 LEVINGS FOREST PRODUCTS, INC. Mailing Address Principal Place of Business W. WASHINGTON STREET P.O. BOX 2758 300m000 LAKE CITY FL 32056 LAKE CITY FL 32055 3. Mailing Address 2. Principal Place of Business Abore 619 NW RAILROAD STREET Some as Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-3212526 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YONG, FRANK J Street Address (P.O. Box Number is Not Acceptable) 225 WATER ST. JACKSONVILLE FL 32202 City Zip Code 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSD** TITLE Change Addition TITLE ☐ Detete NAME AL LEVINGS, JR., NAME P.O. BOX 2758 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE CITY FL 32056 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE DHE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered.

FILED

Daytime Phone #