

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000075809

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** LEVINGS FOREST PRODUCTS, INC.

**Current Principal Place of Business:**

619 NW RAILROAD ST  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2758  
LAKE CITY, FL 32056

**New Mailing Address:**

**FEI Number:** 59-3212526

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NORRIS, JOHN E  
253 NW MAIN BLVD.  
LAKE CITY, FL 32055 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: PSD  
Name: LEVINGS, AL JR  
Address: 619 NW RAILROAD ST  
City-St-Zip: LAKE CITY, FL 32055

Title: VP  
Name: LEVINGS, EMILY A  
Address: PO BOX 2758  
City-St-Zip: LAKE CITY, FL 32056

Title: S  
Name: CAPPS, BARBARA  
Address: PO BOX 2758  
City-St-Zip: LAKE CITY, FL 32056

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: AL LEVINGS JR. \_\_\_\_\_

Electronic Signature of Signing Officer or Director

PRES

04/21/2011

\_\_\_\_\_ Date