

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000093927

1. Entity Name
LGL ENTERPRISES, INC.



FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90052 005 ***150.00

Principal Place of Business
**21301 POWERLINE RD
SUITE 312
BOCA RATON, FL 33433 US**

Mailing Address
**PO BOX 11229
KNOXVILLE, TN 37939 US**



02252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3296617	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WALTERS, CLIFFORD L
802 11 ST WEST
TAMPA, FL 34205**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEVIN, RICHARD 1733 WEST FLETCHER AVE. TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEVIN, STEVEN 21301 POWERLINE ROAD STE. 312 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST RICE, SUZANNE L 1733 W FLETCHER AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Levin, Vice President

3/21/05

Date

Daytime Phone # _____