2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# P95000040258

Entity Name: LEVY "8", INC.

Current Principal Place of Business:

20911 SE 55TH STREET
MORRISTON, FL 32668 US

New Principal Place of Business:

Current Mailing Address:

20911 SE 55TH STREET
MORRISTON, FL 32668 US

New Mailing Address:

FEI Number: 59-3350654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICHOLSON, EDWIN P
20911 SE 55TH STREET
MORRISTON, FL 32668 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NICHOLSON, EDWIN P
Address: 20911 SE 55 STREET
City-St-Zip: MORRISTON, FL

Title: VD ( ) Delete
Name: NICHOLSON, JOHN D
Address: 5750 SE 216 TERRACE
City-St-Zip: MORRISTON, FL

Title: ST ( ) Delete
Name: NICHOLSON, BONNIE C
Address: 20911 SE 55TH STREET
City-St-Zip: MORRISTON, FL

Title: D ( ) Delete
Name: KEMP, TOMMY
Address: 3714 SE 80TH ST
City-St-Zip: OCALA, FL 34432

Title: D ( ) Delete
Name: MESSIER, ALFRED
Address: 2460 ORMSBY CIRCLE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: NICHOLSON, JEROME P
Address: 19530 SW 119 TERR
City-St-Zip: DUNNELLON, FL 34431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BONNIE NICHOLSON S/T 03/02/2009

Electronic Signature of Signing Officer or Director Date