

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000074641

**Entity Name:** LEVOYAGE, INC.

**FILED**  
**Mar 17, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2 EAST NINE MILE RD.  
PENSACOLA, FL 32514

**New Principal Place of Business:**

**Current Mailing Address:**

4367 HWY 90  
PACE, FL 32571

**New Mailing Address:**

FEI Number: 59-3477290      FEI Number Applied For (  )      FEI Number Not Applicable (  )      Certificate of Status Desired (  )

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

LEFFEL, BETTY J  
4367 HWY 90  
PACE, FL 32571 US

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

LEFFEL, LINVER L  
4367 HWY 90  
PACE, FL 32571 US

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: LINVER L. LEFFEL

03/17/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution (  ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEFFEL, LINVER  
Address: 4367 HWY 90  
City-St-Zip: PACE, FL 32571

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: LINVER L. LEFFEL

P

03/17/2010

Electronic Signature of Signing Officer or Director

Date