

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000067306

FILED  
Feb 21, 2007  
Secretary of State

Entity Name: LEVY AWARDS & PROMOTIONAL PRODUCTS, INC.

**Current Principal Place of Business:**

2614 W. KENNEDY BLVD.  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

2614 W. KENNEDY BLVD.  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number: 59-3593288      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SHEAR, L. DAVID  
401 EAST JACKSON STREET, SUITE 2700  
TAMPA, FL 33602      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: SHEAR, STEPHEN C  
Address: 2619 W JETTON  
City-St-Zip: TAMPA, FL 33629

Title: VP ( ) Delete  
Name: CHAMPION, WANDA M  
Address: 10116 N HIGHLAND  
City-St-Zip: TAMPA, FL 33609

Title: TS ( ) Delete  
Name: BONE, JODY L  
Address: 517 W JERSEY AVE  
City-St-Zip: BRANDON, FL 33510

Title: D ( ) Delete  
Name: SHEAR, DAVID L  
Address: 401 E JACKSON ST 27TH FLOOR  
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete  
Name: SCHIFINO, WILLIAM J JR.  
Address: 1 TAMPA CITY CENTER SUITE 2600  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SHEAR, STEPHEN C  
Address: 45 DAVIS BLVD. #26  
City-St-Zip: TAMPA, FL 33606

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 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: JODY L. BONE

TS

02/21/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date