

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000104519

1. Entity Name
LERIVAP, INC.



Principal Place of Business

4968 TAMiami TRAIL N
NAPLES, FL 34103

Mailing Address

4968 TAMiami TRAIL N
NAPLES, FL 34103



03032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3613532

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVY, HANS
4968 TAMiami TRAIL N.
NAPLES, FL 34103

**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	D
NAME	LEVIN, LINDA LEVY
STREET ADDRESS	217 COUNTRY LANE
CITY - ST - ZIP	MT. LAUREL, NJ 08054
TITLE	D
NAME	PHILLIPS, MARIAN LEVY
STREET ADDRESS	217 COUNTRY LANE
CITY - ST - ZIP	MT. LAUREL, NJ 08054
TITLE	D
NAME	LEVY, BARBARA
STREET ADDRESS	28511 10TH AVENUE SOUTH
CITY - ST - ZIP	FEDERAL WAY, WA 98003

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

LINDA L. LEVIN, D.D. Linda L. Levin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/05
Date

739-430.7876
Daytime Phone #