


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000106086 1. Entity Name LIVINGSTON FINANCIAL SERVICES, INC.	
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Principal Place of Business 340 BOBWHITE DR. PENSACOLA, FL 32514	Mailing Address 340 BOBWHITE DR. PENSACOLA, FL 32514
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DO NOT WRITE IN THIS SPACE



08232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3614454	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LIVINGSTON, DAN 340 BOBWHITE DR. PENSACOLA, FL 32514	DO NOT WRITE IN THIS SPACE
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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 resigning) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST LIVINGSTON, DAN 340 BOBWHITE DR. PENSACOLA, FL 32514
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08/27/04-80003-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 807, 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: *Dan Livingston* **8/23/04** **850 232 6499**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #