

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V17972

Entity Name: LEVINGS GROUP, INC.

FILED
Apr 26, 2004
Secretary of State

Current Principal Place of Business:

2727 NW 43RD STREET
SUITE 5-C
GAINESVILLE, FL 32606 US

New Principal Place of Business:

Current Mailing Address:

2727 NW 43RD STREET
SUITE 5-C
GAINESVILLE, FL 32606 US

New Mailing Address:

FEI Number: 59-3110566 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARPENTER, RONALD A
ATTORNEY AT LAW
5608 NW 43RD STREET
GAINESVILLE, FL 32653 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: PCT () Delete
Name: LEVINGS, ALBERT S
Address: 2727 NW 43RD ST., STE 5-C
City-St-Zip: GAINESVILLE, FL 32606 US

Title: VDS (X) Delete
Name: DIVETO, KELLEY H
Address: 525 N. OCEAN BOULEVARD
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: VD (X) Delete
Name: HINSHAW, TYSON L
Address: 4923 NW 62 ST.
City-St-Zip: GAINESVILLE, FL 32606

Title: D (X) Delete
Name: TAGLIARINO, LISA
Address: C/O COCA COLA USA P.O. BOX 1268
City-St-Zip: HOUSTON, TX 77251

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:

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

PCT

04/26/2004

Electronic Signature of Signing Officer or Director

_____ Date