


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90006 029 ****61.25

DOCUMENT # N94000005262					
1. Entity Name THE LOVELANDERS, INC.					
Principal Place of Business 157 HAVANA RD. VENICE, FL 34293			Mailing Address 157 HAVANA RD. VENICE, FL 34293		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0551561	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROBERTS, GREGORY C 341 W VENICE AVE VENICE, FL 34285			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	SECRETARY - DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDNIK, CAROL		NAME		
STREET ADDRESS	641 WOOSVALE DR.		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKEY, JOYCE		NAME		
STREET ADDRESS	604 PAGET DR.		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROZSER, GEORGE		NAME		
STREET ADDRESS	570 MOSSY CREEK DR		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, JOY		NAME		
STREET ADDRESS	330 TROJAN RD.		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEARY, CHRISTINE		NAME	JOSEPHINE DITEMANN	
STREET ADDRESS	2544 CARLISLE PL.		STREET ADDRESS	518 GRADO DR	
CITY-ST-ZIP	SARASOTA, FL 34238		CITY-ST-ZIP	VENICE FL 34285	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(i), 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 617, 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: <i>George Krozser</i> - George KROZSER			Date: 4/3/04		Daytime Phone #: 941-488-8466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					