



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N94000005262</b> 1. Entity Name <b>THE LOVELANDERS, INC.</b>						
Principal Place of Business <b>157 HAVANA RD. VENICE, FL 34293</b>			Mailing Address <b>157 HAVANA RD. VENICE, FL 34293</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.				
City & State		City & State		03312004    Chg-NP    CR2E037 (10/03)		
Zip		Country		4. FEI Number <b>65-0551561</b>		
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>				
6. Name and Address of Current Registered Agent  <b>ROBERTS, GREGORY C 341 W VENICE AVE VENICE, FL 34285</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City			
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BUDNIK, CAROL 641 WOOSVALE DR. VENICE, FL 34293 <input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACKEY, JOYCE 604 PAGET DR. VENICE, FL <input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KROZSER, GEORGE 570 MOSSY CREEK DR VENICE, FL 34292 <input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDEZ, JOY 330 TROJAN RD. VENICE, FL 34293 <input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEARY, CHRISTINE 2544 CARLISLE PL. SARASOTA, FL 34238 <input checked="" type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY - DIR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JOSEPHINE DITEMANN 818 GRADO DR VENICE FL 34285 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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.						
<b>SIGNATURE: George Krozser - George KROZSER</b>						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						
Date: 4/3/04    Daytime Phone #: 941-488-8466						