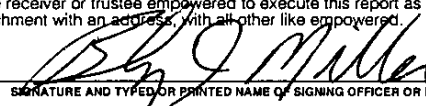


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90043 045 ****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		
Zip		Country	Zip		Country
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	SD	<input type="checkbox"/> Delete		TITLE	<input 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 checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KROZSER, GEORGE			NAME	TRASURER / DIRECTOR
STREET ADDRESS	570 MOSSY CREEK DR			STREET ADDRESS	MILLER Beverly J
CITY-ST-ZIP	VENICE, FL 34292			CITY-ST-ZIP	1217 GARR AVE NOKOMIS FL 34275
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	VP	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DHEMANN, JOSPHINE			NAME	VP
STREET ADDRESS	818 GRADO DR.			STREET ADDRESS	BURNS, JEAN
CITY-ST-ZIP	VENICE, FL 34225			CITY-ST-ZIP	7629 QUINCY DR SARASOTA FL 34238
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: 				3/28/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	