

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 252887

Entity Name: JOE Z. LOVINGOOD INC.

FILED  
Feb 15, 2009  
Secretary of State

## Current Principal Place of Business:

2055 WOOD STREET  
SUITE 202  
SARASOTA, FL 34237 US

## Current Mailing Address:

4560 COOPER ROAD  
SARASOTA, FL 34232 US

## New Principal Place of Business:

1530 DOLPHIN STREET  
SUITE 4  
SARASOTA, FL 34236 US

## New Mailing Address:

FEI Number: 59-0966831      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOURNIER, ROBERT M.  
1 SOUTH SCHOOL AVENUE  
SARASOTA, FL 34237 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: PD ( ) Delete  
Name: LOVINGOOD, JOAN M.  
Address: 4560 COOPER ROAD  
City-St-Zip: SARASOTA, FL 34232

Title: SDT ( ) Delete  
Name: NEAL, CHARLENE  
Address: 1003 59TH STREET NW  
City-St-Zip: BRADENTON, FL 34209

Title: D ( ) Delete  
Name: LOVINGOOD, JOE Z.,  
Address: 4560 COOPER ROAD  
City-St-Zip: SARASOTA, FL 34232

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LOVINGOOD, JOAN M.  
Address: 4560 COOPER ROAD  
City-St-Zip: SARASOTA, FL 34232

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 exemption stated in Chapter 119, 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: JOAN M. LOVINGOOD

PD

02/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date