

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 252887

FILED  
Jan 04, 2011  
Secretary of State

Entity Name: JOE Z. LOVINGOOD INC.

**Current Principal Place of Business:**

1530 DOLPHIN STREET  
SUITE 4  
SARASOTA, FL 34236 US

**New Principal Place of Business:**

**Current Mailing Address:**

4560 COOPER ROAD  
SARASOTA, FL 34232 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LOVINGOOD, JOAN M  
Address: 4560 COOPER ROAD  
City-St-Zip: SARASOTA, FL 34232

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOAN M. LOVINGOOD

PD

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date