

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90058 021 ***150.00

DOCUMENT # 286677

1. Entity Name
LOVELACE GAS SERVICE INC



Principal Place of Business
**10606 EAST COLONIAL DRIVE
ORLANDO, FL 32817**

Mailing Address
**10606 EAST COLONIAL DRIVE
ORLANDO, FL 32817**

DO NOT WRITE IN THIS SPACE



04092007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1060015

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOVELACE WILLIAM E
2911 NELA AVE
ORLANDO, FL 32825**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	LOVELACE, GARRY L
STREET ADDRESS	735 MALONEY LANE
CITY-ST-ZIP	ORLANDO, FL 00000,
TITLE	PD
NAME	LOVELACE, WILLIAM E
STREET ADDRESS	2911 NELA AVENUE
CITY-ST-ZIP	ORLANDO, FL 00000,
TITLE	STD
NAME	LOVELACE, WILLIAM E. JR.
STREET ADDRESS	2911 NELA AVENUE 2307 TRACE AVENUE
CITY-ST-ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-07 407-277-2966

Date

Daytime Phone #