

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 315966

FILED  
Jan 11, 2008  
Secretary of State

Entity Name: LOVING MASONARY CONTRACTORS INC

## Current Principal Place of Business:

1709 E YUKON STREET  
TAMPA, FL 336042066

## New Principal Place of Business:

## Current Mailing Address:

1709 E YUKON STREET  
TAMPA, FL 336042066

## New Mailing Address:

P.O. BOX 17451  
TAMPA, FL 33682

FEI Number: 59-1163525

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOVING, J. R.  
3023 ST. CHARLES DRIVE  
TAMPA, FL 33618 US

## Name and Address of New Registered Agent:

LOVING, CRAIG A.  
6220 W. THONOTOSASSA RD.  
PLANT CITY, FL 33565 US

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: CRAIG A. LOVING

01/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LOVING, J T,  
Address: RT. 1, BOX 41 B  
City-St-Zip: LURAY, SC

Title: DP ( ) Delete  
Name: LOVING, J R,  
Address: 3023 ST CHARLES DR  
City-St-Zip: TAMPA, FL

Title: D (X) Delete  
Name: LOVING, LUCILLE,  
Address: RT. 1, BOX 41 B  
City-St-Zip: LURAY, SC

Title: DS (X) Delete  
Name: LOVING, PATRICIA,  
Address: 3023 ST. CHARLES DRIVE  
City-St-Zip: TAMPA, FL

Title: VD (X) Delete  
Name: LOVING, CRAIG A  
Address: 6220 W THONOTOSASSA RD  
City-St-Zip: PLANT CITY, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: LOVING, CRAIG A.,  
Address: 6220 W. THONOTOSASSA RD.  
City-St-Zip: PLANT CITY, FL 33565

Title: DS (X) Change ( ) Addition  
Name: LOVING, KELLY A.,  
Address: 6220 W. THONOTOSASSA RD.  
City-St-Zip: PLANT CITY, FL 33565

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KELLY A. LOVING

DS

01/11/2008

Electronic Signature of Signing Officer or Director

Date