

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004526

Entity Name: W. E. LOVE & ASSOCIATES, INC.

FILED
Feb 02, 2009
Secretary of State

Current Principal Place of Business:

2040 S CHURCH ST
BURLINGTON, NC 27215

New Principal Place of Business:

Current Mailing Address:

P O BOX 1796
BURLINGTON, NC 27216

New Mailing Address:

FEI Number: 56-1318803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATCH, JOHN D
1267 BERKSHIRE LN
STE 200
TARPON SPRINGS, FL 34688 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: CEO () Delete
Name: LOVE, WALKER E JR
Address: 212 STONEYBROOK CT
City-St-Zip: BURLINGTON, NC 27215 US

Title: CD () Delete
Name: LOVE, WALKER E JR
Address: 212 STONEYBROOK CT
City-St-Zip: BURLINGTON, NC 27215 US

Title: COO () Delete
Name: LOVE, JOHN H
Address: 536 W WILLOWBROOK DR
City-St-Zip: BURLINGTON, NC 27215 US

Title: PD () Delete
Name: LOVE, JOHN H
Address: 536 W WILLOWBROOK DR
City-St-Zip: BURLINGTON, NC 27215 US

Title: ASTD () Delete
Name: LOVE, ANN W
Address: 212 STONEYBROOK CT
City-St-Zip: BURLINGTON, NC 27215 US

Title: CFOT () Delete
Name: HINSHAW, JOHN W
Address: 2243 WALKER AVE
City-St-Zip: BURLINGTON, NC 27215

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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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: JOHN HINSHAW

Electronic Signature of Signing Officer or Director

CFOT

02/02/2009

Date