


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F97000000845</b> 1. Entity Name <b>LOVING ENTERPRISES INC</b>	
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Principal Place of Business <b>7885 BOCA CIEGA DR ST. PETERSBURG BEACH, FL 33706 US</b>	Mailing Address <b>7885 BOCA CIEGA DR ST. PETERSBURG BEACH, FL 33706 US</b>
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01182008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>63-1148234</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>WILLIAMS, SHERRI 7885 BOCA CIEGA DR ST. PETERSBURG BEACH, FL 33706</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000909030</b> <b>05/06/08-80054-017 150.00</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PV WILLIAMS, SHERRI 7885 BOCA CIEGA DR ST. PETERSBURG BEACH, FL 33706</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GLADYASZACK, TINA 13488 73RD AVE N SEMINOLE, FL 33776</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SMITH, DAVE 7885 BOCA CIEGA DR SAINT PETERSBURG, FL 33706</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** Sherr Williams Sherr Williams 4/16/08 3636933  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #