


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # G96774 1. Entity Name LOVCO, INC.	
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Principal Place of Business 1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE, FL 32202-5009	Mailing Address 1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE, FL 32202-5009 US
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04042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2398685	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

SHIELDS, DAVID R  
1 INDEPENDENT DRIVE  
SUITE 1600  
JACKSONVILLE, FL 32202-5009

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FANT, LAUREN L 1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE, FL 322025009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOVETT, PHILIP H. 1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE, FL 322025009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOEB, K L 1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE, FL 322025009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOVETT, W.R. II 1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE, FL 322025009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SHIELDS, DAVID R 1 INDEPENDENT DR SUITE 1600 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MELLO, JEANNINE 1 INDEPENDENT DR SUITE 1600 JACKSONVILLE, FL 32202

U00000306962  
04/15/05-80037-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  4-205  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #