


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # G96774
 1. Entity Name
LOVCO, INC.



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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DO NOT WRITE IN THIS SPACE



03312006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2398685	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
**SHIELDS, DAVID R
 1 INDEPENDENT DRIVE
 SUITE 1600
 JACKSONVILLE, FL 32202-5009**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

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

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 04/22/06-80040-011 150.00

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:  **4/3/06** **904-634-8808**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #