

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
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



03302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2398685

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 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

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/07
Date

904-634-8808
Daytime Phone