


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
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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03282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

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|---|--|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000884323 04/17/08-80038-024 150.00 |
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10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------------|
| TITLE | DV |
| NAME | FANT, LAUREN L |
| STREET ADDRESS | 1 INDEPENDENT DRIVE SUITE 1600 |
| CITY-ST-ZIP | JACKSONVILLE, FL 322025009 |
| TITLE | VPD |
| NAME | LOVETT, PHILIP H. |
| STREET ADDRESS | 1 INDEPENDENT DRIVE SUITE 1600 |
| CITY-ST-ZIP | JACKSONVILLE, FL 322025009 |
| TITLE | PD |
| NAME | LOEB, K L |
| STREET ADDRESS | 1 INDEPENDENT DRIVE SUITE 1600 |
| CITY-ST-ZIP | JACKSONVILLE, FL 322025009 |
| TITLE | VD |
| NAME | LOVETT, W.R. II |
| STREET ADDRESS | 1 INDEPENDENT DRIVE SUITE 1600 |
| CITY-ST-ZIP | JACKSONVILLE, FL 322025009 |
| TITLE | VPT |
| NAME | SHIELDS, DAVID R |
| STREET ADDRESS | 1 INDEPENDENT DR SUITE 1600 |
| CITY-ST-ZIP | JACKSONVILLE, FL 32202 |
| TITLE | S |
| NAME | MELLO, JEANNINE |
| STREET ADDRESS | 1 INDEPENDENT DR SUITE 1600 |
| CITY-ST-ZIP | JACKSONVILLE, FL 32202 |

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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: Jeannine Mello, Secretary 3/28/08 904-634-8808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #