


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # G96774</b> 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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DO NOT WRITE IN THIS SPACE



03282008 No Chg-P CR2E034 (11/05)

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

Signature: typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000884323  
 04/17/08-80038-024 150.00

**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 #