

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G96774

Entity Name: LOVCO, INC.

FILED  
Mar 09, 2010  
Secretary of State

**Current Principal Place of Business:**

1 INDEPENDENT DRIVE  
SUITE 1600  
JACKSONVILLE, FL 322025009

**New Principal Place of Business:**

**Current Mailing Address:**

1 INDEPENDENT DRIVE  
SUITE 1600  
JACKSONVILLE, FL 322025009 US

**New Mailing Address:**

FEI Number: 59-2398685      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHIELDS, DAVID R  
1 INDEPENDENT DRIVE  
SUITE 1600  
JACKSONVILLE, FL 322025009 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DV  
Name: FANT, LAUREN L  
Address: 1 INDEPENDENT DRIVE SUITE 1600  
City-St-Zip: JACKSONVILLE, FL 322025009

Title: VPD  
Name: LOVETT, PHILIP H.  
Address: 1 INDEPENDENT DRIVE SUITE 1600  
City-St-Zip: JACKSONVILLE, FL 322025009

Title: PD  
Name: LOEB, K L  
Address: 1 INDEPENDENT DRIVE SUITE 1600  
City-St-Zip: JACKSONVILLE, FL 322025009

Title: VD  
Name: LOVETT, W.R. II  
Address: 1 INDEPENDENT DRIVE SUITE 1600  
City-St-Zip: JACKSONVILLE, FL 322025009

Title: VPT  
Name: SHIELDS, DAVID R  
Address: 1 INDEPENDENT DR SUITE 1600  
City-St-Zip: JACKSONVILLE, FL 32202

Title: S  
Name: MELLO, JEANNINE  
Address: 1 INDEPENDENT DR SUITE 1600  
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEANNINE MELLO

S

03/09/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date