

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90015 028 \*\*\*150.00

**DOCUMENT # H01549**

1. Entity Name

LOVELEE, INC.



Principal Place of Business

800 N FLAGLER DR  
WEST PALM BEACH, FL 33409 US

Mailing Address

800 N FLAGLER DR  
WEST PALM BEACH, FL 33401 US



01132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2427354

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HAMILTON, LEE COLEE

~~2000 PALM BEACH LAKES BLVD. #800~~ **800 N. FLAGLER**  
~~WEST PALM BEACH, FL 33409~~ **DRIVE**  
**WEST PALM BEACH,**  
**FL 33401**

**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, 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 DP  
NAME HAMILTON, HARRY S.  
STREET ADDRESS 800 N FLAGLER  
CITY-ST-ZIP WEST PALM BEACH, FL

TITLE DST  
NAME HAMILTON, LEE COLEE  
STREET ADDRESS 800 N FLAGLER  
CITY-ST-ZIP WEST PALM BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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

*Harry S. Hamilton*  
**Harry S. Hamilton**

*2/23/06*  
**2/23/06**

*561 6553119*  
**561 6553119**

Date

Daytime Phone #