

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H91438

Entity Name: MIKE LOVELL, INC.

FILED  
Apr 09, 2008  
Secretary of State

**Current Principal Place of Business:**

5822 24TH ST E  
BRADENTON, FL 34203

**New Principal Place of Business:**

**Current Mailing Address:**

5822 24TH ST E  
BRADENTON, FL 34203

**New Mailing Address:**

FEI Number: 59-2620227

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOVELL, MIKE  
5822 24TH ST E  
BRADENTON, FL 34203 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: DPT ( ) Delete  
Name: LOVELL, MIKE,  
Address: 6408 GRAND POINT AVE.  
City-St-Zip: UNIVERSITY PARK, FL 34201

Title: VS ( ) Delete  
Name: MONAGHAN, MICHAEL P.,  
Address: 10102 CHERRY HILLS AVE  
City-St-Zip: BRADENTON, FL 34202

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MIKE LOVELL

PRES

04/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date