

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L21672

1. Entity Name
LUV ENTERPRISES INC.



Principal Place of Business
3220 NE 24TH ST.
OCALA, FL 34470

Mailing Address
3220 NE 24TH ST.
OCALA, FL 34470

FILED

05 JAN 12 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2966560

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LUCAS, ADRIAN
3220 NE 24TH ST.
OCALA, FL 34470

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LUCAS, ADRIAN 3220 NE 24TH ST. OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUCAS, BRIAN 3220 NE 24TH ST. OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'HARA, JOHN 3220 NE 24TH ST. OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O'HARA, JOHN 3220 NE 24TH ST. OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/13/05--01016--002 **150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

1-10-05
Date Daytime Phone #