

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000049298	
1. Entity Name LOVE INSURANCE, INC.	
Principal Place of Business 2216 SW ARCHER RD GAINESVILLE, FL 32608	Mailing Address 2216 SW ARCHER RD GAINESVILLE, FL 32608



05042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0438670	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CRAWFORD, JAMES G JR. 2216 SW ARCHER RD GAINESVILLE, FL 32608		DO NOT WRITE IN THIS SPACE
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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 JAMES G. CRAWFORD, JR. James G. Crawford 0000000773878
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 09/13/07-80002-025 150.00

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

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

0000000773878
09/13/07-80002-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, JAMES G JR. 2216 SW ARCHER RD GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRAWFORD, DIANE B 2216 SW ARCHER RD GAINESVILLE, FL 32608
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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: JAMES G. CRAWFORD, JR. James G. Crawford 5/3/07 352/376-4357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #