


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90012 030 ***150.00

DOCUMENT # P03000017635	
1. Entity Name LOVE AUTOMOTIVE, INC.	

Principal Place of Business 1615 CR 951 NAPLES FL 34116	Mailing Address 1615 CR 951 NAPLES FL 34116
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2. Principal Place of Business 12525 Collier Blvd	3. Mailing Address 12525 Collier Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Naples Florida	City & State Naples, Florida
Zip 34116	Zip 34116
Country USA	Country USA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent LOVE, ALAN D 1615 CR 951 NAPLES FL 34116	
7. Name and Address of New Registered Agent Name Love, JANIE Street Address (P.O. Box Number is Not Acceptable) 12525 Collier Blvd City Naples FL Zip Code 34116	

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 JANIE LOVE <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 2/9/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President	<input type="checkbox"/> Delete	TITLE Love, JANIE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Love, JANIE		NAME	
STREET ADDRESS 1045 GRANADA Blvd		STREET ADDRESS	
CITY-ST-ZIP Naples, Florida 34116		CITY-ST-ZIP	
TITLE V-Pres	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Love, ALAN		NAME	
STREET ADDRESS 1045 GRANADA Blvd.		STREET ADDRESS	
CITY-ST-ZIP Naples, Florida 34116		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: JANIE LOVE / JANIE LOVE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 2/9/04 Daytime Phone # 239-455-5124