

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000035876



1. Entity Name  
 834 LOVELL BLDG., INC.

Principal Place of Business  
 840 NE 20 AVE  
 FT LAUDERDALE, FL 33304-3036

Mailing Address  
 840 NE 20 AVE  
 FT LAUDERDALE, FL 33304-3036



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0768655	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LOVELL, ROSE ANN  
 840 NE 20 AVE  
 FT LAUDERDALE, FL 33304-3036

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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 PSD  
 NAME LOVELL, ROSEANN  
 STREET ADDRESS 840 NE 20 AVE  
 CITY-ST-ZIP FT LAUDERDALE, FL 333043036

TITLE CD  
 NAME LOVELL, R. O  
 STREET ADDRESS 840 NE 20 AVE  
 CITY-ST-ZIP FT LAUDERDALE, FL 333043036

TITLE VDT  
 NAME LOVELL, HAROLD B  
 STREET ADDRESS 840 NE 20 AVE  
 CITY-ST-ZIP FT LAUDERDALE, FL 333043036

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

U00000381563  
 01/11/06-80058-023 158.75

**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

05 JAN 2006 954-467-8220  
Date Daytime Phone #