


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90419 046 ***150.00

DOCUMENT # P04000099002 1. Entity Name LOVE NOTES, INC.			
Principal Place of Business 425 5TH SOUTH SAFETY HARBOR, FL 34695		Mailing Address 425 5TH SOUTH SAFETY HARBOR, FL 34695	
2. Principal Place of Business 425 5th Street South		3. Mailing Address 425 5th Street South	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Safety Harbor, FL		City & State Safety Harbor, FL	
Zip 34695		Zip 34695	
Country USA		Country USA	
4. FEI Number 01-0816691		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIXON, JIM 3450 E LAKE RD SUITE 307 PALM HARBOR, FL 34685		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT PALLUTI, NANCY 425 5TH SOUTH SAFETY HARBOR, FL 34695	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT Palluti, Nancy 425 5th Street South Safety Harbor, FL 34695
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS PALLUTI, SHAWN 425 5TH SOUTH SAFETY HARBOR, FL 34695	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS Palluti, Shawn 425 5th Street South Safety Harbor, FL 34695
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS McMorris, Rebecca 2717 Senille Boulevard #15203 Clearwater, FL 33764	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS McMorris, Rebecca 2717 Senille Boulevard #15203 Clearwater, FL 33764
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS McMorris, Rebecca 2717 Senille Boulevard #15203 Clearwater, FL 33764	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS McMorris, Rebecca 2717 Senille Boulevard #15203 Clearwater, FL 33764
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS McMorris, Rebecca 2717 Senille Boulevard #15203 Clearwater, FL 33764	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS McMorris, Rebecca 2717 Senille Boulevard #15203 Clearwater, FL 33764
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: Rebecca McMorris			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/25/05	
Daytime Phone #		(727) 244-7544	