

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90061 015 ***150.00

DOCUMENT # P04000102488					
1. Entity Name LOVE'S PETROLEUM, INC.					
Principal Place of Business 8801 WEST TERRY STREET BONITA SPRINGS, FL 34135			Mailing Address 8801 WEST TERRY STREET BONITA SPRINGS, FL 34135		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4704 GOLDEN GATE PKWY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State NAPLES FL		4. FEI Number 43-2055276	
Zip	Country	Zip 34116	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOVE, ELLIS 8801 WEST TERRY STREET BONITA SPRINGS, FL 34135			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4704 GOLDEN GATE PKWY 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PTD LOVE, ELLIS 8801 WEST TERRY STREET BONITA SPRINGS, FL 34135	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4704 GOLDEN GATE PKWY NAPLES FL 34116 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LOVE, CATHERINE 8801 WEST TERRY STREET BONITA SPRINGS, FL 34135	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4704 GOLDEN GATE PKWY NAPLES FL 34116 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVE, GORDON 502 WEDGEWOOD WAY NAPLES, FL 34119	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5615 SHERBORN DR #201 NAPLES FL 34116 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVE, GRAEME 502 EDGEWOOD WAY NAPLES, FL 34119	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4860 TAMARIND DR ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <i>4-27-07</i> 2392930440 Date Daytime Phone #		