

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90234 001 ***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 4704 GOLDEN GATE PKWY NAPLES, FL 34116																																																																																																																																																		
2. Principal Place of Business - No P.O. Box # 4704 GOLDEN GATE PKWY			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																		
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																																																		
City & State NAPLES, FL			City & State																																																																																																																																																		
Zip 34116		Country		4. FEI Number 43-2055276																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																																																	
6. Name and Address of Current Registered Agent LOVE, ELLIS 4704 GOLDEN GATE PKWY NAPLES, FL 34116				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																																																	
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 _____																																																																																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 25%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 25%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>LOVE, ELLIS</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>4704 GOLDEN GATE PKWY NAPLES, FL 34116</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VSD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>LOVE, CATHERINE</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4704 GOLDEN GATE PKWY</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34116</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>LOVE, GORDON</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5615 SHERBORN DR #201</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34116</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>LOVE, GRAEME</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4860 TAMARIND DR</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34119</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	LOVE, ELLIS		STREET ADDRESS			CITY-ST-ZIP	4704 GOLDEN GATE PKWY NAPLES, FL 34116		CITY-ST-ZIP			TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	LOVE, CATHERINE		NAME			STREET ADDRESS	4704 GOLDEN GATE PKWY		STREET ADDRESS			CITY-ST-ZIP	NAPLES, FL 34116		CITY-ST-ZIP			TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	LOVE, GORDON		NAME			STREET ADDRESS	5615 SHERBORN DR #201		STREET ADDRESS			CITY-ST-ZIP	NAPLES, FL 34116		CITY-ST-ZIP			TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	LOVE, GRAEME		NAME			STREET ADDRESS	4860 TAMARIND DR		STREET ADDRESS			CITY-ST-ZIP	NAPLES, FL 34119		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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																																																		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																
STREET ADDRESS	LOVE, ELLIS		STREET ADDRESS																																																																																																																																																		
CITY-ST-ZIP	4704 GOLDEN GATE PKWY NAPLES, FL 34116		CITY-ST-ZIP																																																																																																																																																		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																
NAME	LOVE, CATHERINE		NAME																																																																																																																																																		
STREET ADDRESS	4704 GOLDEN GATE PKWY		STREET ADDRESS																																																																																																																																																		
CITY-ST-ZIP	NAPLES, FL 34116		CITY-ST-ZIP																																																																																																																																																		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																
NAME	LOVE, GORDON		NAME																																																																																																																																																		
STREET ADDRESS	5615 SHERBORN DR #201		STREET ADDRESS																																																																																																																																																		
CITY-ST-ZIP	NAPLES, FL 34116		CITY-ST-ZIP																																																																																																																																																		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																
NAME	LOVE, GRAEME		NAME																																																																																																																																																		
STREET ADDRESS	4860 TAMARIND DR		STREET ADDRESS																																																																																																																																																		
CITY-ST-ZIP	NAPLES, FL 34119		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 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																																																																																																																																																					
Date: 4/28/08 Daytime Phone #																																																																																																																																																					