


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90025 049 ***150.00

DOCUMENT # P05000009130

1. Entity Name
LOVELAND INVESTMENT PROPERTIES INC.



Principal Place of Business
**220 VILLAGE GREEN AVE
 JACKSONVILLE, FL 32259**

Mailing Address
**220 VILLAGE GREEN AVE
 JACKSONVILLE, FL 32259**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc
 City & State
 Zip Country



01172008 Chg-P CR2E034 (12/06)

4. FEI Number
20-2204028

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**LOVE, BEVERLY A
 220 VILLAGE GREEN AVE
 JACKSONVILLE, FL 32259**

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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: P NAME: LOVE, THOMAS J SR. STREET ADDRESS: 220 VILLAGE GREEN AVE CITY, STATE, ZIP: JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: LOVE, THOMAS J JR. STREET ADDRESS: 220 VILLAGE GREEN AVE CITY, STATE, ZIP: JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Thomas Love 01/24/08 904-859-3835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR