

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000022223

Entity Name: RAYMOND E LOVOI, P.A.

FILED
Mar 09, 2006
Secretary of State

Current Principal Place of Business:

1219 SW COVERED BRIDGE ROAD
PALM CITY, FL 34990

New Principal Place of Business:

379 SW KESTOR DRIVE
PORT ST. LUCIE, FL 34953

Current Mailing Address:

1219 SW COVERED BRIDGE ROAD
PALM CITY, FL 34990

New Mailing Address:

379 SW KESTOR DRIVE
PORT ST. LUCIE, FL 34953

FEI Number: 06-1740136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVOI, RAY
1219 SW COVERED BRIDGE ROAD
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

LOVOI, RAY
379 SW KESTOR DRIVE
PORT ST. LUCIE, FL 34953 US

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.

SIGNATURE: RAY LOVOI

03/09/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOVOI, RAY
Address: 1219 SW COVERED BRIDGE ROAD
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: LOVOI, RAY
Address: 379 SW KESTOR DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAY LOVOI

MR

03/09/2006

Electronic Signature of Signing Officer or Director

Date