

2006 FOR PROFIT CORPORATION ANNUAL REPORT

5 **FILED**
Jul 10, 2006 8:00 am
Secretary of State

05-19-2006 90029 021 ***150.00

DOCUMENT # P05000089456 1. Entity Name LOVELACE ELECTRONICS, INC					
Principal Place of Business 202 REID AVENUE PORT ST. JOE, FL 32456			Mailing Address 6536 HIGHWAY 98 PORT ST. JOE, FL 32456 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COSTIN, CHARLES A 413 WILLIAMS AVE PORT ST JOE, FL US			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	P, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOVELACE, TED H		NAME	LoveLace, Ted H	
STREET ADDRESS	6536 HIGHWAY 98		STREET ADDRESS	6536 Highway 98	
CITY - ST - ZIP	PORT ST. JOE, FL 32456		CITY - ST - ZIP	PORT ST. JOE, FL 32456	
TITLE	VP <input type="checkbox"/> Delete		TITLE	VP, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOVELACE, BREK D		NAME	LoveLace, Brek D	
STREET ADDRESS	6536 HIGHWAY 98		STREET ADDRESS	6536 Highway 98	
CITY - ST - ZIP	PORT ST. JOE, FL 32456		CITY - ST - ZIP	PORT ST. JOE, FL 32456	
TITLE	S, TR <input type="checkbox"/> Delete		TITLE	S, TR, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOVELACE, JOAN N		NAME	LoveLace, Joan N	
STREET ADDRESS	6536 HIGHWAY 98		STREET ADDRESS	6536 Highway 98	
CITY - ST - ZIP	PORT ST. JOE, FL 32456		CITY - ST - ZIP	PORT ST. JOE, FL 32456	
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 <u>Ted H. Lovelace</u> Ted H Lovelace, Pres <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>5/15/06</u> 850-227-9414 <small>Date Daytime Phone #</small>		