2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008
Secretary of State

DOCUMENT# P05000113899

Entity Name: LOV-MED ENTERPRISES, INCORPORATED

Current Principal Place of Business:

4710 NW 23RD TERRACE
GAINESVILLE, FL 62605

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 358061
GAINESVILLE, FL 32635

New Mailing Address:

FEI Number: 20-3397397 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOVETTE, JERRY L
4710 NW 23RD TERRACE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LOVETTE, JERRY L
Address: 4710 NW 23RD TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: S/T ( ) Delete
Name: LOVETTE, ELIZABETH M
Address: 4710 NW 23RD TERRACE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JERRY L. LOVETTE PRES 01/30/2008

Electronic Signature of Signing Officer or Director Date