

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000018283

FILED  
Mar 01, 2010  
Secretary of State

**Entity Name:** LOVE INSURANCE SPECIALISTS AGENCY, INC.

**Current Principal Place of Business:**

4450 W. EAU GALLIE BLVD  
STE 164  
MELBOURNE, FL 32934

**New Principal Place of Business:**

**Current Mailing Address:**

34920 RIDGE RD  
STE 100  
WILLOUGHBY, OH 44094

**New Mailing Address:**

**FEI Number:** 22-3921429

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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:** PTD  
**Name:** LOVE, JAMES P SR.  
**Address:** 31 MARINA ISLE  
**City-St-Zip:** INDIAN HARBOUR BEACH, FL 32937

**Title:** SVD  
**Name:** LOVE, GAIL J  
**Address:** 31 MARINA ISLE  
**City-St-Zip:** INDIAN HARBOUR BEACH, FL 32937

I hereby 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 all other like empowered.

**SIGNATURE:** JAMES P LOVE

PRES

03/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date