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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Worthington
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000005599 (3)**

1. Corporation Name:
PAUL LOVEY, INC.

Principal Place of Business Mailing Address
6035 HOLLOW DR NAPLES FL 33962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/24/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 **4483 Lakewood Blvd** 26 **4483 Lakewood Blvd**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **NAPLES, FL** 27 **NAPLES, FL**
City & State City & State
23 **33962** 28 **33962**
Zip Country Zip Country
24 25 29 30

4. FCI Number **65-0462395** Applied For
Not Applicable
5. Certificate of Status Cleared **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 190.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent
THE LAW FIRM LAWRENCE J SPIEGEL, CHARTERED
343 ALMERIA AVE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name **JOE KeRPCZA**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **791 10th Street South #A**
84 City **NAPLES** FL 85 Zip Code **33940**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE **Paul Lovey Inc. Joe Kerpca 4/20/95**

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOVEY, PAUL O
STREET ADDRESS	6035 HOLLOW DR
CITY, ST, ZIP	NAPLES FL 33962
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Lovey, Paul O.
13 STREET ADDRESS	4483 Lakewood Blvd
14 CITY, ST, ZIP	NAPLES, FL, 33962
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an addendum with an address.

SIGNATURE: **Paul Lovey Inc. 4/20/95** 813-17752776