

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 28, 2004 8:00 am
Secretary of State

05-28-2004 90002 027 ***550.00

DOCUMENT # P94000016061 1. Entity Name ONE LOVE, INC.	
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Principal Place of Business 274 THIRD AVE S JACKSONVILLE BEACH, FL 32250	Mailing Address 2488 OAK FOREST DR JACKSONVILLE BEACH, FL 32250
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54055724



05122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3225624	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MCGUIRE, LOURDES 2488 OAK FOREST DR JACKSONVILLE BEACH, FL 32250
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

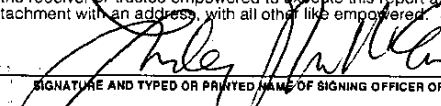
**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCGUIRE, MICHAEL 2488 OAK FOREST DR JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MCGUIRE, LOURDES 2488 OAK FOREST DR JACKSONVILLE BEACH, FL 32250
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____