


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 MAY 12 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000091686 1. Entity Name LOT'S OF LOVE, INC.	
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Principal Place of Business 170 BAIRD STREET PENSACOLA, FL 32504	Mailing Address 170 BAIRD STREET PENSACOLA, FL 32504
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DO NOT WRITE IN THIS SPACE

05032004 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MACK, HARVER W. JR.
9825 GINKO DRIVE
PENSACOLA, FL 32506

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

**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	VP MACK, HARVEY W. JR. 9825 GINKO DRIVE PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACK, GLORIA J. 9825 GINKO DR. PENSACOLA, FL
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05/13/04--01077--013 **550.00

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IN THIS SPACE**

5/12
LKM

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: Harvey W. Mack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-04 453-6662
Date Daytime Phone #