

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

08-22-2005 90059 011 \*\*\*150.00

**DOCUMENT # P96000062040**

1. Entity Name  
**LOVE JOSEPH, INC.**



Principal Place of Business  
**16057 TAMPA PALMS BLVD, WEST, #122  
TAMPA, FL 33647**

Mailing Address  
**16057 TAMPA PALMS BLVD, WEST, #122  
TAMPA, FL 33647**

**50062590**



07082005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3396673**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARKLEY, JAMES  
16057 TAMPA PALMS BLVD, WEST, #122  
TAMPA, FL 33647**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **MARKLEY, JAMES**  
STREET ADDRESS **16057 TAMPA PALMS BLVD, WEST, #122**  
CITY- ST- ZIP **TAMPA, FL 33647**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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:

*James H Markley*

**JAMES H. MARKLEY**

Date

Daytime Phone #

**8-18-05 813 273-1072**



ATTACHMENT  
50062590

PH. (813) 273-1072  
FAX (813) 972-9327

## LOVE JOSEPH INC.

16057 TAMPA PALMS BLVD. WEST, #122  
TAMPA, FL 33647

---

Florida Division Of Corporations

P.O. Box 6327

Tallahassee, FL. 32314

RE:Corporate Filing

Document #P96000062040

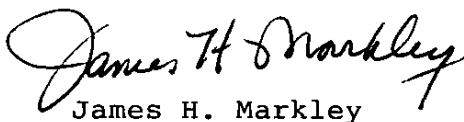
To Whom It May Concern,

8-18-05

We originally sent the enclosed filing fee which was returned to us twice. The first time in a mangled envelope with no explanation. We are submitting the original payment as we received it. Please waive the \$400.00 late filing fee.

Thank you!

Sincerely,

  
James H. Markley