


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90010 004 ***150.00

DOCUMENT # P96000099520		
1. Entity Name LOV JAC, INC.		

Principal Place of Business 4004 W. NEPTUNE STE. 103 TAMPA, FL 33629 US	Mailing Address 4004 W. NEPTUNE STE. 103 TAMPA, FL 33629 US
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DO NOT WRITE IN THIS SPACE

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3415376	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUERIN, J. JACQUES
 4004 W. NEPTUNE
 STE. 3
 TAMPA, FL 33629

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B. 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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RUTH LOVELL 4416 NEPTUNE ST TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D J. JACQUE GUERIN 4410 TRILBY AVE TAMPA, FL 33616
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KINSER, DEBRA S 306 S BOULEVARD TAMPA, FL 336062151
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  Date: Jan 12 2004 Daytime Phone #: 813 286 0893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR