


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
 4004 W. NEPTUNE 4004 W. NEPTUNE
 STE. 103 STE. 103
 TAMPA, FL 33629 US TAMPA, FL 33629 US



02172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-3415376 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GUERIN, J. JACQUES
 4004 W. NEPTUNE
 STE. 3
 TAMPA, FL 33629

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: *J. Jacques Guerin* DATE: *Mar 1 - 2005*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUTH LOVELL
STREET ADDRESS	4416 NEPTUNE ST
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	D
NAME	J. JACQUE GUERIN
STREET ADDRESS	4410 TRILBY AVE
CITY-ST-ZIP	TAMPA, FL 33616
TITLE	ST
NAME	KINSER, DEBRA S
STREET ADDRESS	306 S BOULEVARD
CITY-ST-ZIP	TAMPA, FL 336062151
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000250617
 03/04/05-80017-022 150.00

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)(f), 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: *J. Jacques Guerin Director Feb 1, 2005*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #