2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000099520

1. Entity Name
LOV JAC, INC.

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

DO NOT WRITE IN THIS SPACE

01032006   No Chg-P   CR2E034 (11/05)

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

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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 _____   DATE Feb 3 2006

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, 2006 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	O
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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _GUERIN J. JACQUES_   Feb 3 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #