

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000104489

FILED
Apr 30, 2009
Secretary of State

Entity Name: LOVEJOY ANTIQUES OF NAPLES, INC.

Current Principal Place of Business:

325 5TH AVE.SOUTH
NAPLES, FL 34102

New Principal Place of Business:

325 5TH AVE SOUTH
NAPLES, FL 34102

Current Mailing Address:

325 5TH AVE. SOUTH
NAPLES, FL 34102

New Mailing Address:

325 5TH AVE.SOUTH
NAPLES, FL 34102

FEI Number: 65-0744402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELDEN, CHRISTIAN B
3838 TAMIAMI TRAIL, SUITE 416
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PINE, ROBERT C
Address: 550 MUREX DR
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: PINE, ANGELA B
Address: 55 MUREX DR
City-St-Zip: NAPLES, FL 34102

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: PINE, ROBERT C
Address: 550 MUREX DRIVE
City-St-Zip: NAPLES, FL 34102

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I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT C PINE

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date