

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000006248

1. Entity Name
LOVEY'S, INC.



FILED

08 SEP 15 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7125 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32407

Mailing Address **PO BOX**
7125 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32407

2. Principal Place of Business - No P.O. Box #

9210 PANAMA CITY BEACH PARKWAY

3. Mailing Address

P.O. BOX 18109

Suite, Apt. #, etc.

Suite, Apt. #, etc.



07092008

Chg-P

CR2E034 (12/06)

City & State

PANAMA CITY BEACH, FL

City & State

PANAMA CITY BEACH, FL

4. FEI Number

65-0727462

Applied For

Not Applicable

Zip
32407

Country
USA

Zip
32417

Country
USA

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

HARDY, GAYLE S
170 MARLIN CIRCLE / P.O. BOX 27970
PANAMA CITY BEACH, FL 32411

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 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
HARDY, GAYLE S
170 MARLIN CIRCLE / P.O. BOX 27970
PANAMA CITY, FL 32411

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition
100136101171
09/18/08--01039--016 **\$550.00

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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 any attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/08

850-625-9920

Date

Daytime Phone #

9/15/08