

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000053275**

1. Entity Name  
**LOVETT MILLER & CO., INCORPORATED**



Principal Place of Business

**100 N. TAMPA ST  
SUITE 2675  
TAMPA, FL 33602 US**

Mailing Address

**1 INDEPENDENT DR  
ST 1600  
JAX, FL 32202-5009 US**

**DO NOT WRITE IN THIS SPACE**



04042005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3517914**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SHIELDS, DAVID R  
1 INDEPENDENT DRIVE  
SUITE 1600  
JACKSONVILLE, FL 32202**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**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	PTAD
NAME	MILLER, WS
STREET ADDRESS	100 NORTH TAMPA ST., STE 1935
CITY - ST - ZIP	TAMPA, FL 33602
TITLE	CEO
NAME	LOVETT, WR II
STREET ADDRESS	ONE INDEPENDENT DRIVE #1600
CITY - ST - ZIP	JACKSONVILLE, FL 32202
TITLE	SMD
NAME	LOVETT, WR II
STREET ADDRESS	ONE INDEPENDENT DR #1600
CITY - ST - ZIP	JAX, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000294684  
04/08/05-80079-016 150.00

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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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/4/05**  
Date

**904-634-8808**  
Daytime Phone #