

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000053275

FILED
Apr 17, 2006
Secretary of State

Entity Name: LOVETT MILLER & CO., INCORPORATED

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

1 INDEPENDENT DR
ST 1600
JAX, FL 322025009 US

New Mailing Address:

FEI Number: 59-3517914 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIELDS, DAVID R
1 INDEPENDENT DRIVE
SUITE 1600
JACKSONVILLE, FL 32202 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: PTAD () Delete
Name: MILLER, WS
Address: 100 NORTH TAMPA ST., STE 1935
City-St-Zip: TAMPA, FL 33602

Title: CEO () Delete
Name: LOVETT, W R II
Address: ONE INDEPENDENT DRIVE #1600
City-St-Zip: JACKSONVILLE, FL 32202

Title: SMD () Delete
Name: LOVETT, W R II
Address: ONE INDEPENDENT DR #1600
City-St-Zip: JAX, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTAD (X) Change () Addition
Name: MILLER, WS
Address: 100 NORTH TAMPA ST., STE 2675
City-St-Zip: TAMPA, FL 33602

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: W.F. MILLER

PTAD

04/17/2006

Electronic Signature of Signing Officer or Director

_____ Date