2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000053275

1. Entity Name
LOVETT MILLER & CO., INCORPORATED

Principal Place of Business	Mailing Address
100 N. TAMPA ST SUITE 2675 TAMPA, FL 33602 US	I INDEPENDENT DR ST 1600 JAX, FL 32202-5009 US

03302007   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3517914	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

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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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 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 2675
CITY-ST-ZIP	TAMPA, FL 33602

TITLE	CEO
NAME	LOVETT, W R II
STREET ADDRESS	ONE INDEPENDENT DRIVE #1600
CITY-ST-ZIP	JACKSONVILLE, FL 32202

TITLE	SMD
NAME	LOVETT, W R II
STREET ADDRESS	ONE INDEPENDENT DR #1600
CITY-ST-ZIP	JAX, FL 32202

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   4/2/07   (904) 634-8808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #