

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000063604



1. Entity Name  
CLEVE LOVELAND, P.A.

Principal Place of Business  
7575 DR. PHILLIPS BOULEVARD SUITE 170  
ORLANDO, FL 32819

Mailing Address  
7575 DR. PHILLIPS BOULEVARD SUITE 170  
ORLANDO, FL 32819

2. Principal Place of Business  
6000 Turkey Lake Road  
Suite, Apt. #, etc.  
Suite 207

3. Mailing Address  
6000 Turkey Lake Road  
Suite, Apt. #, etc.  
Suite 207

City & State  
Orlando, FL

City & State  
Orlando, FL

Zip  
32819

Zip  
32819

Country

01092006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3527182	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:

LOVELAND, CLEVE  
7575 DR. PHILLIPS BOULEVARD SUITE 170  
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

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

*Cleve Loveland*

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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 D  Delete  
NAME LOVELAND, CLEVE  
STREET ADDRESS 7575 DR. PHILLIPS BOULEVARD SUITE 170  
CITY-ST-ZIP ORLANDO, FL 32819

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE 6000 Turkey Lake Road  Delete  
NAME Suite 207  
STREET ADDRESS Orlando, FL 32819

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Dean Cleve Loveland*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/06

467-466-2634

Date

Daytime Phone #