## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000051310

Entity Name: LOVIK, INC.

FILED Apr 10, 2007 Secretary of State

Current Principal Place of Business:  1055 CARTER RD. DELAND, FL 32724  Current Mailing Address:  New Mailing Address:  1055 CARTER RD. DELAND, FL 32724  FEI Number S9-3579995  FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:  LOVIK, DALE R 1055 CARTER RD. DELAND, FL 32724  US  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  Electronic Signature of Registered Agent  Date  Date  Detection Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition Name:	Littly Na	ille. LOVIK, II	NC.				
Current Mailing Address:  New Mailing Address:  Note: Mailing Address:  New Mailing Address:  Note: Mailing Ad	Current Principal Place of Business:			New Principal Place	New Principal Place of Business:		
Tel Number: 59-357995 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:  LOVIK, DALE R 1055 CARTER RD. DELAND, FL 32724 US  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:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOF  Title: PD ( ) Delete Title: ( ) Change ( ) Addition Name: LOVIK, DALE R Address: P. O. BOX 943  City-St-Zip: DELEON SPRINGS, FL 32130  City-St-Zip: Title: ( ) Change ( ) Addition Name: LOVIK, MARKETA C Name: LOVIK, MARKETA C Name: Address: P. O. BOX 943							
DELAND, FL 32724  FEI Number: 59-3579995 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  Name and Address of Current Registered Agent:  LOVIK, DALE R 1055 CARTER RD. DELAND, FL 32724 US  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:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Name: LOVIK, DALE R Address: P. O. BOX 943  Address: P. O. BOX 943  Address: DELEON SPRINGS, FL 32130  City-St-Zip: Title: DST ( ) Delete Title: ( ) Change ( ) Addition Name: ( ) County ( ) Addition Name: ( ) County ( ) Change ( ) Addition Name: (	Current Mailing Address:			New Mailing Addres	New Mailing Address:		
Name and Address of Current Registered Agent:  LOVIK, DALE R 1055 CARTER RD. DELAND, FL 32724 US  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							
LOVIK, DALE R 1055 CARTER RD. DELAND, FL 32724 US  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	FEI Number	: 59-3579995	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )		
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	Name and	d Address of (	Current Registered Agent:	Name and Address	of New Registered Agent:		
Electronic Signature of Registered Agent Date  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  Title: PD ( ) Delete Title: ( ) Change ( ) Addition Name: LOVIK, DALE R Address: P. O. BOX 943 City-St-Zip: DELEON SPRINGS, FL 32130 City-St-Zip: DELEON SPRINGS, FL 32130 Title: DST ( ) Delete Title: ( ) Change ( ) Addition Name: LOVIK, MARKETA C Name: LOVIK, MARKETA C Address: P. O. BOX 943 Address: P. O. BOX 943 Address: P. O. BOX 943 Address:	1055 CAR DELAND, The above	TER RD. FL 32724		ourpose of changing its registere	ed office or registered agent, or both,		
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  Title: PD ( ) Delete Title: ( ) Change ( ) Addition Name: LOVIK, DALE R Address: P. O. BOX 943 Address: City-St-Zip: DELEON SPRINGS, FL 32130 City-St-Zip:  Title: DST ( ) Delete Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: Delete Title: ( ) Change ( ) Addition Name: Address: P. O. BOX 943 Address: City-St-Zip: Delete Title: ( ) Change ( ) Addition Name: Address: P. O. BOX 943 Address: Address: P. O. BOX 943 Address: P. O. BOX 943 Address: Address: P. O. BOX 943							
OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: PD ( ) Delete Title: ( ) Change ( ) Addition  Name: LOVIK, DALE R  Address: P. O. BOX 943 City-St-Zip: DELEON SPRINGS, FL 32130  Title: DST ( ) Delete Title: ( ) Change ( ) Addition  Name: LOVIK, MARKETA C  Address: P. O. BOX 943 Address:  Address: P. O. BOX 943 Address:				ent	 Date		
Title: PD () Delete Title: () Change () Addition Name: LOVIK, DALE R Name: Address: P. O. BOX 943 Address: City-St-Zip: DELEON SPRINGS, FL 32130 City-St-Zip:  Title: DST () Delete Title: () Change () Addition Name: LOVIK, MARKETA C Name: Address: P. O. BOX 943 Address:	Election Ca	mpaign Financin	g Trust Fund Contribution ( ).				
Name: LOVIK, DALE R Address: P. O. BOX 943 City-St-Zip: DELEON SPRINGS, FL 32130 City-St-Zip:  Title: DST () Delete Title: () Change () Addition Name: LOVIK, MARKETA C Address: P. O. BOX 943 Address:	OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Name: LOVIK, MARKETA C Name: Address: P. O. BOX 943 Address:	Name: Address:	LOVIK, DALÈ I P. O. BOX 943	, ?	Name: Address:	() Change () Addition		
	Name: Address:	LOVIK, MARKI P. O. BOX 943	ÉTA C	Name: Address:	() Change () Addition		

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: DALE R. LOVIK PD 04/10/2007