2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State
02-27-2006 90046 009 ***158.75

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1. Entity Name
MICHAEL R. LOWE, P.A.

Principal Place of Business	Mailing Address
1083 HENLEY DOWNS PL HEATHROW, FL 32746	1083 HENLEY DOWNS PL HEATHROW, FL 32746

02132006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
2180 West S.R. 434	2180 West S.R. 434
Suite, Apt. #, etc.: Suite 2150	Suite, Apt. #, etc.: Suite 2150
City & State: Longwood, Fl	City & State: Longwood, Fl
Zip: 32779 Country: USA	Zip: 32779 Country: USA

4. FEI Number 20-3800346 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOWE, MICHAEL R ESQ.
1083 HENLEY DOWNS PL
HEATHROW, FL 32746

7. Name and Address of New Registered Agent

Name: Michael R. Lowe, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 2180 West S.R. 434
Suite 2150
City: Longwood FL Zip Code: 32779

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

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	DPVS	☐ Delete	TITLE	DPVS	☒ Change ☐ Addition
NAME	LOWE, MICHAEL R		NAME	Michael R. Lowe	
STREET ADDRESS	1083 HENLEY DOWNS PL		STREET ADDRESS	2180 West S.R. 434 ste 2150	
CITY-ST-ZIP	HEATHROW, FL 32746		CITY-ST-ZIP	Longwood, Fl 32779	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 2/13/06 (407) 332-6353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #