

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90008 042 \*\*\*150.00

**DOCUMENT # 213905**

1. Entity Name

LOWRIE BROWN INVESTMENT CO.



Principal Place of Business

2104 W. CENTRAL BLVD  
ORLANDO FL 32805  
US

Mailing Address

PO. BOX 568546  
ORLANDO FL 32856  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0861253

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, LOWRIE W  
3006 S. SUMMERLIN AVE.  
ORLANDO FL 32806

Name

Street Address (P.O. Box Number is Not Acceptable)

18326 Rose ST

City

Groveland

FL

Zip Code

34736

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VPD ☐ Delete

NAME BROWN, JOHN M  
STREET ADDRESS 3021 BRANDYWINE DR  
CITY-ST-ZIP ORLANDO FL 32806

TITLE PD ☐ Delete

NAME BROWN, LOWRIE W., III  
STREET ADDRESS 18326 ROSE STREET  
CITY-ST-ZIP GROVELAND FL 34736

TITLE SD ☐ Delete

NAME BROWN, MARY ANN  
STREET ADDRESS 18326 ROSE STREET  
CITY-ST-ZIP GROVELAND FL 34736

TITLE D ☐ Delete

NAME FULLER, MARGRET  
STREET ADDRESS 9317 FERNERY RD.  
CITY-ST-ZIP LEESBERG FL

TITLE D ☐ Delete

NAME ADLER, MARY C  
STREET ADDRESS 1206 JOSSIE LN.  
CITY-ST-ZIP MCLEAN VA

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 exemption stated in Section 19.07(3)(i), 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:

*Mary Ann Brown*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mary Ann Brown*  
Secretary

Date

1/20/2005

Day

407649