


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 213905</b> 1. Entity Name <b>LOWRIE BROWN INVESTMENT CO.</b>					
Principal Place of Business <b>2104 W. CENTRAL BLVD ORLANDO FL 32805 US</b>			Mailing Address <b>PO. BOX 568546 ORLANDO FL 32856 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-0861253</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BROWN, LOWRIE W 18326 ROSE ST GROVELAND FL 34736</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>				10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
VPD BROWN, JOHN M 3021 BRANDYWINE DR ORLANDO FL 32806				PD BROWN, LOWRIE W., III 18326 ROSE STREET GROVELAND FL 34736	
SD BROWN, MARY ANN 18326 ROSE STREET GROVELAND FL 34736				D FULLER, MARGRET 9317 FERNERY RD. LEESBERG FL	
D ADLER, MARY C 1206 JOSSIE LN. MCLEAN VA				D ADLER, MARY C 1206 JOSSIE LN. MCLEAN VA	
D ADLER, MARY C 1206 JOSSIE LN. MCLEAN VA				D ADLER, MARY C 1206 JOSSIE LN. MCLEAN VA	
D ADLER, MARY C 1206 JOSSIE LN. MCLEAN VA				D ADLER, MARY C 1206 JOSSIE LN. MCLEAN VA	



1st MOORE CR2E034 (10/05)

59-0861253

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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SIGNATURE: *Mary Ann Brown* Secretary 2/23/06 707 649977  
Date Daytime Phone #