


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 367098**  
 1. Entity Name  
**LOWRY OF FLORIDA, INC.**



Principal Place of Business      Mailing Address  
**36 ILLIANA ST**      **36 ILLIANA ST**  
**ORLANDO, FL 32806**      **ORLANDO, FL 32806**

**DO NOT WRITE IN THIS SPACE**



03192004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-1316642**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LOWRY, H CLAY**  
**8015 LANDGROVE COURT**  
**ORLANDO, FL 32819**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LOWRY (H. CLAY)
STREET ADDRESS	8015 LANDGROVE COURT
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	T
NAME	LOWRY, H CLAY
STREET ADDRESS	8015 LANDGROVE COURT
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	SD
NAME	LOWRY, GAIL M
STREET ADDRESS	8015 LANDGROVE COURT
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UDG0000093744  
 03/22/04-80032-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:       3/19/04 (407) 206-4000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #