

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90001 045 ***150.00

DOCUMENT # 512029

1. Entity Name
LO LEASE, INC.



Principal Place of Business

**2330 US 1 SOUTH
ST AUGUSTINE, FL 32086 US**

Mailing Address

**PO BOX 1926
ST. AUGUSTINE, FL 32085 US**

54014156



02232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1769242

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOWE, PHILIP W.
2330 US #1 SOUTH
ST.AUGUSTINE, FL 32086**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate/ing)

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	LOWE, PHILIP W.
STREET ADDRESS	2330 US #1 SOUTH
CITY-ST-ZIP	ST.AUGUSTINE, FL 32086
TITLE	STD
NAME	LOWE, PATRICIA A
STREET ADDRESS	2967 S ATLANTIC AVE, #1002
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	DI
NAME	PEARSON, DONALD J
STREET ADDRESS	13 CLASSIC COURT
CITY-ST-ZIP	PALM COAST, FL 32037
TITLE	VP
NAME	LOWE, MICHAEL
STREET ADDRESS	880 CHERRY TREE RD
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/04
Date

904-787-1237
Daytime Phone #