

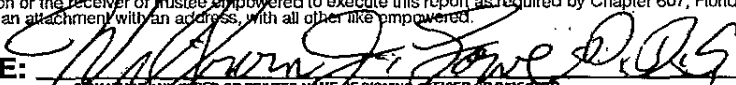


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 600859</b> 1. Entity Name <b>WILBURN J. LOWE D.D.S., P.A.</b>																																										
Principal Place of Business <b>4904 CLYDE MORRIS BLVD STE A PORT ORANGE, FL 32129 US</b>		Mailing Address <b>4904 CLYDE MORRIS BLVD STE A PORT ORANGE, FL 32129 US</b>																																								
<b>DO NOT WRITE IN THIS SPACE</b>		 01262005 No Chg-P CR2E034 (10/03) 4. FEI Number <b>59-1233133</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required Applied For Not Applicable																																								
6. Name and Address of Current Registered Agent <b>CHURCHMAN, RICHARD K CPA 1255 MASON AVE DAYTONA BEACH, FL 32117</b>		<b>DO NOT WRITE IN THIS SPACE</b>																																								
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 _____																																										
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE</td><td>PS</td></tr><tr><td>NAME</td><td>LOWE, WILBURN J D.D.S</td></tr><tr><td>STREET ADDRESS</td><td>1065 N HALIFAX</td></tr><tr><td>CITY- ST- ZIP</td><td>ORMOND BCH, FL</td></tr><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>GILES, JACK D.D.S</td></tr><tr><td>STREET ADDRESS</td><td>1205 NW 23RD BLVD</td></tr><tr><td>CITY- ST- ZIP</td><td>GAINESVILLE, FL</td></tr><tr><td>TITLE</td><td>TD</td></tr><tr><td>NAME</td><td>LOWE, WILBURN J D.D.S</td></tr><tr><td>STREET ADDRESS</td><td>1065 N HALIFAX</td></tr><tr><td>CITY- ST- ZIP</td><td>ORMOND BCH, FL</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr></table>		TITLE	PS	NAME	LOWE, WILBURN J D.D.S	STREET ADDRESS	1065 N HALIFAX	CITY- ST- ZIP	ORMOND BCH, FL	TITLE	D	NAME	GILES, JACK D.D.S	STREET ADDRESS	1205 NW 23RD BLVD	CITY- ST- ZIP	GAINESVILLE, FL	TITLE	TD	NAME	LOWE, WILBURN J D.D.S	STREET ADDRESS	1065 N HALIFAX	CITY- ST- ZIP	ORMOND BCH, FL	TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		<b>DO NOT WRITE IN THIS SPACE</b> U00000300843 04/13/05-80008-008 150.00
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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 regulated 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. <b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>WILBURN J. LOWE, D.D.S.</b> Date <b>4/7/05</b> Daytime Phone # <b>386-304-0100</b>																																										