

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600859

FILED
Mar 06, 2007
Secretary of State

Entity Name: WILBURN J. LOWE D.D.S., P.A.

Current Principal Place of Business:

4904 CLYDE MORRIS BLVD
STE A
PORT ORANGE, FL 32129 US

New Principal Place of Business:

Current Mailing Address:

4904 CLYDE MORRIS BLVD
STE A
PORT ORANGE, FL 32129 US

New Mailing Address:

FEI Number: 59-1233133 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHURCHMAN, RICHARD K CPA
1255 MASON AVE
DAYTONA BEACH, FL 32117 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: LOWE, WILBURN J D.D., .S
Address: 1065 N HALIFAX
City-St-Zip: ORMOND BCH, FL

Title: D () Delete
Name: GILES, JACK D.D.S,
Address: 1205 NW 23RD BLVD
City-St-Zip: GAINESVILLE, FL

Title: TD () Delete
Name: LOWE, WILBURN J D.D., S
Address: 1065 N HALIFAX
City-St-Zip: ORMOND BCH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILBURN J. LOWE

DR

03/06/2007

Electronic Signature of Signing Officer or Director

_____ Date