

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 23, 2008 8:00 am**  
**Secretary of State**

06-23-2008 90001 005 \*\*\*150.00

**DOCUMENT # F07000004248**

1. Entity Name  
**LOW & TRITT, INC.**



Principal Place of Business  
**9724 KINGSTON PIKE, STE. 1301  
 KNOXVILLE, TN 37922-3347**

Mailing Address  
**2950 HALCYON LANE, STE. 401  
 JACKSONVILLE, FL 32223**

2. Principal Place of Business - No P.O. Box #  
**9724 Kingston Pike**

Suite, Apt. #, etc.  
**Suite 305A**

City & State  
**Knoxville, TN**

3. Mailing Address  
**9724 Kingston Pike**

Suite, Apt. #, etc.  
**Suite 305A**

City & State  
**Knoxville, TN**

Zip  
**37922**

Country  
**USA**

Zip  
**37922**

Country  
**USA**



06172008 Chg-P CR2E034 (12/06)

4. FEI Number  
**62-1707054**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SAFER, ELIOT J.  
 10110 SAN JOSE BLVD.  
 JACKSONVILLE, FL 32257**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

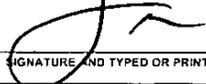
**FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS LOWENTRITT, LOUIS 9724 KINGSTON PIKE, STE. 1301 KNOXVILLE, TN 379223347 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9724 Kingston Pike, Ste. 305A Knoxville, TN 37922
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **6-19-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #