


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # H02819 1. Entity Name LOWE'S TUBELAND, INC.	
--	---

Principal Place of Business 6256 S.W. ELIM CHURCH RD. FT. WHITE, FL 32038	Mailing Address P O BOX 450 BRANFORD, FL 32008 US
---	---

**DO NOT WRITE IN THIS SPACE**



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2404869	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  LOWE, THELMA 6256 S.W. ELIM CHURCH ROAD FT. WHITE, FL 32038	<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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
---	------------

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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	U000000045045 02/11/04-80047-012 150.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOWE, THELMA 6256 S.W. ELIM CHURCH ROAD FT. WHITE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS HARPER, BILLY JO RT 2 BOX 5100 FT. WHITE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HARPER, CHESTER 6252 S.W. ELIM CHURCH ROAD FT. WHITE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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)(f), 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 another like empowered.

SIGNATURE: <u>Charles Harper</u> <u>Treas</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>2/6/04</u>	Daytime Phone # _____
---	---------------------	-----------------------