


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

3, **Apr 08, 2008 8:00 am**
Secretary of State


03-06-2008 90037 044 ***150.00

DOCUMENT # H02819 1. Entity Name LOWE'S TUBELAND, INC.	
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Principal Place of Business 6256 S.W. ELIM CHURCH RD. FT. WHITE, FL 32038	Mailing Address 6256 SW ELIM CHURCH RD FORT WHITE, FL 32038 US
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DO NOT WRITE IN THIS SPACE

66006106



02142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2404869	Applied For <input type="checkbox"/> 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**

**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 *Thelma Lowe* DATE _____
Signature, typed or printed name of registered agent and fee 4 applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	
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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 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: *Thelma Lowe* 3-17-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

THELMA LOWE