

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 08:00 AM
Secretary of State

DOCUMENT # H48663					
1. Entity Name LOWCARI CORPORATION					
Principal Place of Business % LOWERY J. RALEY P.O. BOX 5587 TALLAHASSEE FL 32314-5587			Mailing Address % LOWERY J. RALEY P.O. BOX 5587 TALLAHASSEE FL 32314-5587		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2504556 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RALEY, LOWREY J. 3492 W. ORANGE AVENUE TALLAHASSEE FL 32310			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 _____ (NOTE: Registered Agent signature required when constituting)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD RALEY, LOWERY J. 2737 CORRIE ADRIAN TALLAHASSEE FL		TITLE NAME STREET ADDRESS CITY- ST- ZIP	U00000064353 02/24/04-80009-010 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD RALEY, CAROL B. 2737 CORRIE ADRIAN TALLAHASSEE FL		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	
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 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: <i>Carol Raley</i>			02-1704 850-514-0023		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		