2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K83962

Entity Name: BOB LOWE BUILDERS, INC.

Feb 04, 2009 Secretary of State

% JOAN S. LOWE % JOAN S. LOWE 2318 ALDRIDGE AVENUE 2318 ALDRIDGE AVENUE

FORT MYERS, FL 33907 41 FORT MYERS, FL 339074145 US

Current Mailing Address: New Mailing Address:

% JOAN S. LOWE
2318 ALDRIDGE AVENUE
FORT MYERS, FL 33907 41

% JOAN S. LOWE
2318 ALDRIDGE AVENUE
FORT MYERS, FL 339074145 US

FEI Number: 65-0126328 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOWE, JOAN S

2318 ALDRIDGE AVENUE

FORT MYERS, FL 33907 US

LOWE, JOAN S

2318 ALDRIDGE AVENUE

FORT MYERS, FL 339074145 US

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: 02/04/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: PRES (X) Change () Addition Name: LOWE, BOB B MR. Name: LOWE, BOB B MR.

Name: LOWE, BOB B MR.

Address: 2318 ALDRIDGE AVENUE

City-St-Zip: FORT MYERS, FL 33907 US

Name: LOWE, BOB B MR.

2318 ALDRIDGE AVENUE

City-St-Zip: FORT MYERS, FL 33907 US

Title: SEC () Change (X) Addition

Name:Name:LOWE, JOAN S MRS.Address:Address:2318 ALDRIDGE AVECity-St-Zip:City-St-Zip:FORT MYERS, FL 339074145 US

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 RICE, CHRISTOPHER MR

 Address:
 Address:
 932 SUNRISE BLVD

 City-St-Zip:
 City-St-Zip:
 LEHIGH ACRES, FL 33974 US

I hereby certify that the information supplied with this filing does not qualify 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: BOB B. LOWE PRES 02/04/2009