

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90185 048 \*\*\*150.00

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04212005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # L40240</b> 1. Entity Name FREDERICK T. LOWE ESQ., P.A.																													
Principal Place of Business C/O FREDERICK T. LOWE 3825 HENDERSON BLVD. #605A TAMPA, FL 33629			Mailing Address C/O FREDERICK T. LOWE 3825 HENDERSON BLVD. #605A TAMPA, FL 33629																										
2. Principal Place of Business <b>3907 HENDERSON BLVD.</b> Suite, Apt. #, etc. <b>SUITE 200</b>		3. Mailing Address <b>3907 HENDERSON BLVD.</b> Suite, Apt. #, etc. <b>SUITE 200</b>																											
City & State <b>TAMPA, FLORIDA</b>		City & State <b>TAMPA, FLORIDA</b>		4. FEI Number <b>59-2993302</b>																									
Zip <b>33629</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  FREDERICK T. LOWE, ESQ. 3825 HENDERSON BLVD. #605A TAMPA, FL 33629			7. Name and Address of New Registered Agent Name <b>FREDERICK T. LOWE, ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3907 HENDERSON BLVD., SUITE 200</b> City <b>TAMPA</b> FL Zip Code <b>33629</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 <u>Frederick T. Lowe, Esq.</u> DATE <u>4/21/05</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LOWE, FREDERICK T.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3825 HENDERSON BLVD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	LOWE, FREDERICK T.		STREET ADDRESS	3825 HENDERSON BLVD.		CITY-ST-ZIP	TAMPA, FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D/P</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>FREDERICK T. LOWE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3907 HENDERSON BLVD., SUITE 200</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33629</td> <td></td> </tr> </table>			TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	FREDERICK T. LOWE		STREET ADDRESS	3907 HENDERSON BLVD., SUITE 200		CITY-ST-ZIP	TAMPA, FL 33629	
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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: <u>Frederick T. Lowe, Esq.</u> <b>PRES.</b> DATE <u>4/21/05</u> DAYTIME PHONE # <u>(813) 287-1001</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													