

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007919

FILED
Sep 09, 2008
Secretary of State

Entity Name: CANDY LOWE BUSINESS TOURS INC

Current Principal Place of Business:

1802 E OKALOOSA AVE.
TAMPA, FL 33604

New Principal Place of Business:

915 EAST GRANT AVE
TAMPA, FL 33604

Current Mailing Address:

1802 E OKALOOSA AVE.
TAMPA, FL 33604

New Mailing Address:

915 EAST GRANT AVE
TAMPA, FL 33604

FEI Number: 33-1141990 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOWE, CANDY
1802 E OKALOOSA AVE.
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

LOWE, CANDY
915 EAST GRANT AVE
TAMPA, FL 33604 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: CANDY LOWE

09/09/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TOLLIVER, LYNN JR
Address: 915 EAST GRANT AVE
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: TOLLIVER, DAVID C
Address: P.O. BOX 292098
City-St-Zip: TAMPA, FL 336872098

Title: D () Delete
Name: LOWE, CANDY
Address: 1802 E OKALOOSA AVE
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LOWE, CANDY
Address: 915 EAST GRANT AVE
City-St-Zip: TAMPA, FL 33604

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CANDY LOWE

D

09/09/2008

Electronic Signature of Signing Officer or Director

Date