

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90445 022 ***150.00

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1. Entity Name

LOWE'S CLEANING SERVICE, INC.



Principal Place of Business

7219 SW 77TH STREET
GAINESVILLE FL 32608

Mailing Address

7219 SW 77TH STREET
GAINESVILLE FL 32608

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3643880

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOWE, DON G
7219 SW 77TH STREET
GAINESVILLE FL 32608

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	LOWE, DON G	
STREET ADDRESS	P.O. BOX 834	
CITY-ST-ZIP	ARCHER FL 32618	
TITLE	President	<input type="checkbox"/> Delete
NAME	LOWE, CAROL L	
STREET ADDRESS	7219 SW 77TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	LOWE, MARTHA N	
STREET ADDRESS	7219 SW 77TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Low, Don G. Jr	
STREET ADDRESS	7219 SW 77 Street	
CITY-ST-ZIP	Gainesville FL 32608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Low, Don G	
STREET ADDRESS	7219 SW 77 street	
CITY-ST-ZIP	Gainesville FL 32608	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Low, Don G. Jr	
STREET ADDRESS	7219 SW 77 street	
CITY-ST-ZIP	Gainesville FL 32608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Don G. Lowe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #