

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 31, 2005 08:00 AM
Secretary of State**

DOCUMENT # P00000073023

1. Entity Name
LOWRY FINANCIAL ADVISORS, INC.



Principal Place of Business
**7515 W UNIVERSITY AVENUE
200
GAINESVILLE, FL 32607**

Mailing Address
**7515 W UNIVERSITY AVENUE
200
GAINESVILLE, FL 32607**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3662165

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOWRY, JOSEPH E
7515 W UNIVERSITY AVENUE
#200
GAINESVILLE, FL 32607**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOWRY, JOSEPH E
STREET ADDRESS	7515 W. UNIVERSITY AVE., #200
CITY - ST - ZIP	GAINESVILLE, FL 32607
TITLE	VP
NAME	LOWRY, JOSEPH E JR
STREET ADDRESS	7515 W. UNIVERSITY AVE., #200
CITY - ST - ZIP	GAINESVILLE, FL 32607
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1000000368670
05/31/05-80012-001 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/05

Date

352.3337990

Daytime Phone