

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90016 035 \*\*\*150.00

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01062005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P00000086320</b> 1. Entity Name <b>KENNETH A. LOWE, INC.</b>					
Principal Place of Business <b>1434 W FAIRBANKS AVE WINTER PARK, FL 32789</b>				Mailing Address <b>1434 W FAIRBANKS AVE WINTER PARK, FL 32789</b>	
2. Principal Place of Business <b>125 S. Swoope Ave.</b>		3. Mailing Address <b>125 S. Swoope Ave.</b>			
Suite/Apt. #, etc. <b>210</b>		Suite/Apt. #, etc. <b>210</b>			
City & State <b>Maitland, FL</b>		City & State <b>Maitland, FL</b>			
Zip <b>32751</b>		Country <b>U.S.A.</b>		Zip <b>32751</b>	
Country <b>U.S.A.</b>		4. FEI Number <b>59-3671477</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LOWE, KENNETH A 1434 W FAIRBANKS AVE WINTER PARK, FL 32789</b>			7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) <b>125 S. Swoope Ave</b> <b>Suite 210</b> City <b>Maitland</b> <b>FL</b> Zip Code <b>32751</b>		
8. The above named entity submits this statement for the purpose of <u>changing its registered office</u> or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Kenneth A. Lowe</i> <b>Kenneth A. Lowe</b> <span style="float: right;">01/06/05</span> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>LOWE, KENNETH A</b> <b>1434 FAIRBANKS AVE</b> <b>125 S. Swoope Ave</b> <b>WINTER PARK, FL 32789</b> <b>Suite 210</b> <b>Maitland, FL 32751</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>125 S. Swoope Ave, Suite 210</b> <b>Maitland, FL 32751</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Kenneth A. Lowe</i> <b>Kenneth A. Lowe</b>			Date <b>01/06/05</b>		Daytime Phone # <b>407-629-9085</b>