


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000088159</b>	
<b>1. Entity Name</b> MOCK-LOWE ENTERPRISES, INC.	

<b>Principal Place of Business</b> 1654 TAYLOR ROAD PORT ORANGE FL 32128	<b>Mailing Address</b> 1654 TAYLOR ROAD PORT ORANGE FL 32128
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

<b>4. FEI Number</b> 59-3699328	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  MOCK, ANA LOWE 620 KATHERINE STREET S. DAYTONA FL 32119
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<b>7. Name and Address of New Registered Agent</b>	
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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** **\$5.00 May 2**  
Trust Fund Contribution. ☐ **Added to Fees**

<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	MOCK, ANA
<b>STREET ADDRESS</b>	620 KATHERINE ST.
<b>CITY- ST- ZIP</b>	S. DAYTONA FL 32119
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	LOWE, SCOTT
<b>STREET ADDRESS</b>	1700 BISCAYNE AVE.
<b>CITY- ST- ZIP</b>	S. DAYTONA FL 32119
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	MOCK, JR., ROBERT J
<b>STREET ADDRESS</b>	620 KATHERINE ST.
<b>CITY- ST- ZIP</b>	S. DAYTONA FL 32119
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	LOWE, CHRISTINE
<b>STREET ADDRESS</b>	1700 BISCAYNE AVE.
<b>CITY- ST- ZIP</b>	S. DAYTONA FL 32119
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	U00000212592
<b>STREET ADDRESS</b>	02/03/05-80036-016 150.00
<b>CITY- ST- ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	

**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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Ana Mock Ana Mock 2-1-05 386  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #