2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 09, 2006 8:00 am Secretary of State

ANNUAL KEPUKI								Secretary of State				
DOCUMENT # P0000093018 1. Entity Name LOWERY'S VACATION HOMES, INC.								01-09-2006 90039 021 ***150.00				
Principal Place of Business 7864 W IRLO BRONSON WAY KISSIMMEE, FL 34747 Mailing Address 7864 W IRLO BRONSON WAY KISSIMMEE, FL 34747						HìGHU	JAY	409	00567	36111 88118 1818 3	iini elij i ifisi il	
7864 L	lace of Business J. IRLO BRONS	DN 76	Mailing Ac	W. IR	0	BRO	N\$O	H IIII				
Suite, Apt.	#, etc. HU	Jy.	Suite, Apt.	#, etc.		c H	ωγ	01032006	Chg-P	CR2E	034 (11/05)	
KISSIM	MEE, FL	k	City & Stat	MMEE	, F	L		4. FEI Num 65-10		_	→	plied For t Applicable
34747	Country	ر. ع	z _ı ığıu'	1	Coun	.۾.		5. Certificat	e of Status Desired	ı 🗆	\$8.75 Add Fee Require	
	6. Name and Address of	Current Regis	tered Age	ent		Name		7. Name an	d Address of Nev	v Registered	Agent	
MURPHY, DAVID 7864 W. IRLO BRONSON HWY KISSIMMEE, FL 34747						Street Address (P.O. Box Number is Not Acceptable)						
KISSIIVIIVIE	E, FE 34747										· -	
						City				Fl	Zip Cod	
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 sign												
	Signature, typed or printed name of regu	stered agent and title	if applicable.	(101)	E: Hagistera	d Ageni signatu	re required	when reinstating)		DATE		
	E NOW!!! FEE IS \$150 ay 1, 2006 Fee will be			ction Campa st Fund Cont		ncing		00 May Be ed to Fees				
10.	OFFIC DPT	ERS AND DIRE		Delete	11.			ADDITION	S/CHANGES TO C	FFICERS AN	D DIRECTORS Change	S IN 11
NAME	MURPHY, DAVID		Ļ	_i Delete	NAM	IE					change	C) Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 trueted 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:

TORE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04|05|06

407-397-0088