## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

**FILED** Jan 12, 2005 08:00 AM **DOCUMENT # P02000027626 Secretary of State** 1. Entity Name TERÉSA A. LOWE P.A. Principal Place of Business Mailing Address 1509 BETH ANN CT. 1509 BETH ANN COURT KISSIMMEE, FL 34744 KISSIMMEE, FL 34-7444 01042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0641736 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOWE, TERESA A DO NOT WRITE 1509 BETH ANN CT. KISSIMMEE, FL. 34744 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 1 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) 9. Electron Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. **PSTD** TITLE LOWE, TERESA A NAME 1509 BETH ANN CT. STREET ADDRESS 100000178491 KISSIMMEE, FL 34744 CITY-ST-ZIP U1/12/05-80029-008 150.08 TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 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.

NAME OF SIGNING OFFICER OR DIRECTOR