

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

06-30-2005 90001 008 ***150.00
P02000071713

FILED

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SECRET
FALLAWAY

50054243



02122005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0375537

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LOWE, JOYLYNN
4371 DUNCAN ROAD
PUNTA GORDA, FL 33982

**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 resigning)

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	LOWE, JOYLYNN
STREET ADDRESS	4371 DUNCAN ROAD
CITY - ST - ZIP	PUNTA GORDA, FL 33982
TITLE	D
NAME	LOWE, CHRISTOPHER C
STREET ADDRESS	4371 DUNCAN ROAD
CITY - ST - ZIP	PUNTA GORDA, FL 33982
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-05

Date

Daytime Phone # _____

Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

August 18, 2005

Subject: Lowe's Livestock Mercantile, Inc.
Reference number: PO2000071713

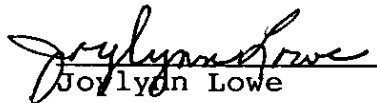
Dear sirs:

I was out of work due to family illness, our son has cancer, and at that time we were with him for treatments, and I just found the letter yesterday. Prior to this letter dated June 30, 2005, I had not received any other notice.

With the situation I feel I should not be penalized, and then I called your office spoke to Ulla, who was very helpful in this matter. She advised me to write a follow up letter telling you of the reason, so I hope this will be the follow up letter.

I hope this will clear the matter up, and we do not owe an additional amount of \$400.00, thanking you in advance for your time in this matter.

Thank You


Jorlyon Lowe

Lowe's Livestock Mercantile, Inc.