

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

06-30-2005 90001 008 \*\*\*150.00  
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02122005 No Chg-P CR2E034 (10/03)

DOCUMENT # P02000071713  
1. Entity Name  
LOWE'S LIVESTOCK MERCANTILE, INC.



Principal Place of Business: 4371 DUNCAN ROAD, PUNTA GORDA, FL 33982  
Mailing Address: 4371 DUNCAN ROAD, PUNTA GORDA, FL 33982

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 65-0375537 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**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: Joylynn Lowe Date: 5-1-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

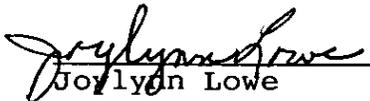
Dear sirs:

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

  
Joylynn Lowe

Lowe's Livestock Mercantile, Inc.