

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000097400

1. Entity Name  
LOWRY CONSTRUCTION & FRAMING, INC.



Principal Place of Business  
604 NEW WARRINGTON RD  
PENSACOLA, FL 32506

Mailing Address  
604 NEW WARRINGTON RD  
PENSACOLA, FL 32506

FILED

04 FEB -4 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number  
20-0002320

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

LOWRY, GARY  
368 GULF VIEW LANE  
PENSACOLA, FL 32507

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOWRY, GARY 370 GULFVIEW LANE PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/23/04--01070--016 \*\*158.00

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

01/22/04 850-488-5621

Date

Daytime Phone #