

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P02000107622

1. Entity Name
LOWRY'S VENTURES, INC.



Principal Place of Business
**111 NE CHARLESTON OAKS DR
PORT ST. LUCIE, FL 34983**

Mailing Address
**111 NE CHARLESTON OAKS DR
PORT ST. LUCIE, FL 34983**



02262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0123381	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LOWRY, JOSPEH
111 NE CHARLESTON OAKS DR
PORT ST. LUCIE, FL 34983**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000844795
03/13/08-20013-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOWRY, JOSEPH
STREET ADDRESS	111 NE CHARLESTON OAKS DR
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983

TITLE	VP
NAME	LOWRY, VICKI
STREET ADDRESS	111 NE CHARLESTON OAKS DR
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983

TITLE	TR
NAME	LOWRY, JOSEPH C JR.
STREET ADDRESS	2049 SW JUSTISON AVE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953

TITLE	SEC
NAME	BUTTERFIELD, MELISSA
STREET ADDRESS	414 S.E. CORK ROAD
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 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

Date

Daytime Phone #

FEB 29-08