

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

\$150.00 Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000007447

1. Entity Name
LOWERY SATELLITE SERVICES, INC



Principal Place of Business
47 DRENNEN ROAD
ORLANDO, FL 32806

Mailing Address
47 DRENNEN ROAD
ORLANDO, FL 32806



02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 82-0584193	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

LOWERY, L. GLEN
47 DRENNEN ROAD
ORLANDO
FL, FL 32806

**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]

2/11/05

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P LOWERY, L. GLEN 47 DRENNEN ROAD ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/ ROANE, CHERE R 45 DRENNEN ROAD ORLANDO, FL 32806
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02/19/05-80010-025 150.00

**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)(f), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/05

Date

(407) 808 2044

Daytime Phone #