

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED  
Feb 03, 2005 08:00 AM  
Secretary of State

DOCUMENT # P03000115084

1. Entity Name  
DAVID LOWRY, INC.



Principal Place of Business  
2600 W MICHIGAN AVE LOT 411C  
PENSACOLA, FL 32526

Mailing Address  
2600 W MICHIGAN AVE LOT 411C  
PENSACOLA, FL 32526



01302005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0291521

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

LOWRY, DAVID  
2600 W MICHIGAN AVE LOT 411C  
PENSACOLA, FL 32526

**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

*David Lowry*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/05

**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**

U00000214103  
02/03/05-80098-004 158.75

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
LOWRY, DAVID  
2600 W MICHIGAN AVE LOT 411C  
PENSACOLA, FL 32526

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 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 life empowered.

SIGNATURE: *David Lowry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/05

Daytime Phone #