


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90339 007 \*\*\*150.00

<b>DOCUMENT # P03000125255</b>					
1. Entity Name <b>LOWE'S MASONRY, INC.</b>					
Principal Place of Business <b>9019 TOWER PINE DRIVE WINTER GARDEN FL 34787 US</b>			Mailing Address <b>9019 TOWER PINE DRIVE WINTER GARDEN FL 34787 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-0375068</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>OWENS, JACK E 2731 SILVER STAR ROAD ORLANDO FL 32808</b>				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when consenting)					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	P	NAME	LOWE, HOWARD F	<input type="checkbox"/> Delete	
STREET ADDRESS			9019 TOWER PINE DRIVE		
CITY - ST - ZIP			WINTER GARDEN FL 34787		
TITLE	S	NAME	OWENS, JACK E	<input type="checkbox"/> Delete	
STREET ADDRESS			2731 SILVER STAR ROAD		
CITY - ST - ZIP			ORLANDO FL 32808		
TITLE		NAME		<input type="checkbox"/> Delete	
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		NAME		<input type="checkbox"/> Delete	
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		NAME		<input type="checkbox"/> Delete	
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		NAME		<input type="checkbox"/> Delete	
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS					
CITY - ST - ZIP					
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: <u>Howard Lowe</u> <u>April 13, 2004</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					