

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000131400

Entity Name: TIM LOWRANCE CONSTRUCTION, INC.

FILED  
May 08, 2007  
Secretary of State

## Current Principal Place of Business:

18308 ORIOLE RD.  
FT. MYERS, FL 33912

## New Principal Place of Business:

18308 ORIOLE RD.  
FT. MYERS, FL 33967

## Current Mailing Address:

18308 ORIOLE RD.  
FT. MYERS, FL 33912

## New Mailing Address:

18308 ORIOLE RD.  
FT. MYERS, FL 33967

FEI Number: 54-2133829

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOWRANCE, TIM  
18308 ORIOLE RD.  
FT. MYERS, FL 33912 US

## Name and Address of New Registered Agent:

LOWRANCE, TIM  
18308 ORIOLE RD.  
FT. MYERS, FL 33967 US

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.

SIGNATURE:

05/08/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LOWRANCE, TIM  
Address: 18308 ORIOLE RD.  
City-St-Zip: FT. MYERS, FL 33912

Title: SD ( ) Delete  
Name: LOWRANCE, DONNA  
Address: 18308 ORIOLE RD.  
City-St-Zip: FT. MYERS, FL 33912

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LOWRANCE, TIM  
Address: 18308 ORIOLE RD.  
City-St-Zip: FT. MYERS, FL 33967

Title: SD (X) Change ( ) Addition  
Name: LOWRANCE, DONNA  
Address: 18308 ORIOLE RD.  
City-St-Zip: FT. MYERS, FL 33967

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA LOWRANCE

SD

05/08/2007

Electronic Signature of Signing Officer or Director

Date