

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90012 039 \*\*\*150.00

**DOCUMENT # P03000135549**

1. Entity Name

**BARLOW ELECTRIC COMPANY**



Principal Place of Business

**213 B TRUMAN ST  
FT WALTON BCH FL 32547**

Mailing Address

**213 B TRUMAN ST  
FT WALTON BCH FL 32547**

2. Principal Place of Business

**213 Truman St  
Suite, Apt. #, etc.  
FL B**

3. Mailing Address

**213-B Truman St  
Suite, Apt. #, etc.  
FL B**

City & State

**213 Ft Walton Bch FL  
Zip 32547 Country CHALOSSE**

City & State

**213-B Ft Walton Bch FL  
Zip 32547 Country CHALOSSE**

4. FEI Number

**71-255-0956 737**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BARLOW, LOWELL T  
213 B TRUMAN ST  
FT WALTON BCH FL 32547**

7. Name and Address of New Registered Agent

Name **Lowell T. Barlow**  
Street Address (P.O. Box Number is Not Acceptable)  
**213-B Truman St & B**  
City **Ft. Walton Bch FL** Zip Code **32547**

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 **Lowell T. Barlow**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**02-02-04**  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **BARLOW, LOWELL T**  
STREET ADDRESS **205 NE OPP BLVD**  
CITY-ST-ZIP **FT WALTON BCH FL 32548**

TITLE **D** ☐ Delete  
NAME **BARLOW, LOWELL T JR**  
STREET ADDRESS **2744 OLA BROXSON RD**  
CITY-ST-ZIP **NAVARRE FL 32566**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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: **Lowell T. Barlow**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-02-04** **870-862**  
**Lowell T. Barlow** **7320**  
Date Daytime Phone #