

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90129 024 ***150.00

DOCUMENT # P03000138260

1. Entity Name
GARY LOWE BUILDING CONTRACTOR, INC.



Principal Place of Business
**401 MERIT OAK DRIVE
PLANT CITY, FL 33563
1234 Reynolds Rd, #224
Lakeland, FL 33801**

Mailing Address **SAME**
**401 MERIT OAK DRIVE
PLANT CITY, FL 33563**

40043300



02222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
77-0617501

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LOWE, GARY
401 MERIT OAK DRIVE
PLANT CITY, FL 33563
1234 Reynolds Rd
#224
Lakeland, FL 33801**

**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 *Gary W Lowe* **2/27/07**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-issuing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D. J. Pres	NAME LOWE, GARY	STREET ADDRESS 401 MERIT OAK DRIVE	CITY-ST-ZIP PLANT CITY, FL 33563
TITLE Sec.	NAME Lowe, Candy	STREET ADDRESS 1234 Reynolds Rd #224	CITY-ST-ZIP Lakeland, FL 33801
TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Gary W Lowe* **2/27/07** **803-868-4299**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #