


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008 8:00 am
Secretary of State

04-08-2008 90017 021 ***150.00

DOCUMENT # P03000138260

1. Entity Name
GARY LOWE BUILDING CONTRACTOR, INC.



Principal Place of Business
 1234 REYNOLDS RD
 #224
 LAKELAND, FL 33801

Mailing Address
 1234 REYNOLDS RD P.O. Box 779
 #224
 LAKELAND, FL 33801 Eaton Park, FL

40062262

33840



02212008 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
 1234 REYNOLDS RD
 #224
 LAKELAND, FL 33801

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOWE, GARY 1234 REYNOLDS RD #224 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOWE, CANDY 1234 REYNOLDS RD #224 LAKELAND, FL 33801
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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 Gary W Lowe Date: 4/28/08 Daytime Phone #: 813-416-6171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR