


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90316 043 ***158.75

DOCUMENT # P04000000189	
1. Entity Name J.D. LOWRY, INC.	

Principal Place of Business 217 SUNNY ACRES ROAD DAVENPORT FL 33837	Mailing Address 217 SUNNY ACRES ROAD DAVENPORT FL 33837
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2. Principal Place of Business 701 Roby CT	3. Mailing Address PO Box 1408
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State Dundee, Florida	City & State DAVENPORT, Florida	4. FEI Number 56-2428638	Applied For <input type="checkbox"/> Not Applicable
Zip 33838	Country PolK	Zip 33836-1408	Country PolK
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent LOWREY, JOHN S 217 SUNNY ACRES ROAD DAVENPORT FL 33837		7. Name and Address of New Registered Agent Name Lowry, John D Street Address (P.O. Box Number is Not Acceptable) 701 Roby CT City Dundee FL Zip Code 33838	
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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 **John D Lowry** (NOTE: Registered Agent signature required when reinstating) DATE **April 23, 2005**

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWRY, JOHN D 217 SUNNY ACRES ROAD DAVENPORT FL 33837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **John D Lowry** **John D. Lowry** **4/23/05** **863-221-3066**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #