


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000000189</b> 1. Entity Name J.D. LOWRY, INC.		
Principal Place of Business 701 ROBY CT DUNDEE, FL 33838		Mailing Address PO BOX 1408 DAVENPORT, FL 33836-1928
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  LOWREY, JOHN S 701 ROBY CT DUNDEE, FL 33838		<b>DO NOT WRITE IN THIS SPACE</b>
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 <u>John D Lowry</u> <u>John D Lowry President July 3, 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retaking)</small>		
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWRY, JOHN D 217 SUNNY ACRES ROAD DAVENPORT, FL 33837	
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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: <u>John D Lowry</u> <u>John D Lowry</u> <u>7/3/07</u> <u>863-221-3066</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



07022007 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2428638	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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07/06/07-80001-017 550.00

**DO NOT WRITE  
IN THIS SPACE**