

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000056257

FILED  
Jul 07, 2006  
Secretary of State

Entity Name: LOWERY DEVELOPMENTS, INC.

## Current Principal Place of Business:

3905 SAN OBISPO STREET  
TAMPA, FL 33629

## New Principal Place of Business:

4103 TACON ST  
TAMPA, FL 33629

## Current Mailing Address:

3905 SAN OBISPO STREET  
TAMPA, FL 33629

## New Mailing Address:

4103 TACON ST  
TAMPA, FL 33629

FEI Number: 20-0798179

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOWERY, ROBERT Q  
3905 SAN OBISPO STREET  
TAMPA, FL 33629 US

## Name and Address of New Registered Agent:

LOWERY, ROBERT Q  
4103 TACON ST  
TAMPA, FL 33629 US

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.

SIGNATURE:

07/07/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LOWERY, ROBERT Q  
Address: 3905 SAN OBISPO STREET  
City-St-Zip: TAMPA, FL 33629

Title: VP ( ) Delete  
Name: LOWERY, KIM  
Address: 3905 SAN OBISPO STREET  
City-St-Zip: TAMPA, FL 33629

Title: T ( ) Delete  
Name: LOWERY, ROBERT L  
Address: 4108 TACON STREET  
City-St-Zip: TAMPA, FL 33629

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LOWERY, ROBERT Q  
Address: 4103 TACON ST  
City-St-Zip: TAMPA, FL 33629

Title: VP (X) Change ( ) Addition  
Name: LOWERY, KIM  
Address: 4103 TACON ST  
City-St-Zip: TAMPA, FL 33629

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT LOWERY

P

07/07/2006

Electronic Signature of Signing Officer or Director

Date