


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90152 030 \*\*\*150.00

<b>DOCUMENT # P04000141708</b> 1. Entity Name <b>LARRY LOWE'S HOME REPAIR, INC.</b>					
Principal Place of Business <b>7021 COUNTY RD. 561 CLERMONT, FL 34714</b>			Mailing Address <b>7021 COUNTY RD. 561 CLERMONT, FL 34714</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 373</b> Suite, Apt. #, etc.			
City & State Zip      Country		City & State <b>Groveland, FL</b> Zip      Country <b>34736      USA</b>		4. FEI Number <b>58-6284542</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01102005      Chg-P      CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>LOWE, LARRY 7021 COUNTY RD. 561 CLERMONT, FL 34714</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P LOWE, LARRY 7021 COUNTY RD. 561 CLERMONT, FL 34714</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> _____ <b>Larry S. Lowe</b> <b>4-21-05</b> <b>352-242-1336</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					