

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000157434

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: LOWRY INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

7515 W UNIVERSITY AVE SUITE 200  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

7515 W UNIVERSITY AVE SUITE 200  
GAINESVILLE, FL 32607

**New Mailing Address:**

FEI Number: 20-2027121

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOWRY, JOSEPH E SR  
7515 W UNIVERSITY AVE SUITE 200  
GAINESVILLE, FL 32607 US

**Name and Address of New Registered Agent:**

LOWRY, JOSEPH E MR  
7515 W UNIVERSITY AVE SUITE 200  
GAINESVILLE, FL 32607 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: JOSEPH E LOWRY

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LOWRY, JOSEPH E SR  
Address: 7515 W UNIVERSITY AVE SUITE 200  
City-St-Zip: GAINESVILLE, FL 32607

Title: VP ( ) Delete  
Name: LOWRY, JOSEPH E JR  
Address: 7515 W UNIVERSITY AVE, SUITE 200  
City-St-Zip: GAINESVILLE, FL 32607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH E LOWRY JR

VP

04/21/2009

Electronic Signature of Signing Officer or Director

Date