

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000157434

**FILED**  
**Apr 27, 2011**  
**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 MR  
7515 W UNIVERSITY AVE SUITE 200  
GAINESVILLE, FL 32607 US

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

LOWRY, JOSEPH E SR  
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 LOWRY SR

04/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH LOWRY JR

VP

04/27/2011

Electronic Signature of Signing Officer or Director

Date