2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2012
Secretary of State

DOCUMENT# P04000157434

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:

12921 SW 1ST RD #215
NEWBERRY, FL 32669

Current Mailing Address:

7515 W UNIVERSITY AVE SUITE 200
GAINESVILLE, FL 32607

New Mailing Address:

12921 SW 1ST RD #215
NEWBERRY, FL 32669

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 SR
12921 SW 1ST RD #215
NEWBERRY, FL 32669 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 JR 05/02/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: LOWRY, JOSEPH E SR
Address: 12921 SW 1ST RD #215
City-St-Zip: NEWBERRY, FL 32669

Title: VP
Name: LOWRY, JOSEPH E JR
Address: 12921 SW 1ST RD #215
City-St-Zip: NEWBERRY, FL 32669

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 E LOWRY JR VP 05/02/2012
Electronic Signature of Signing Officer or Director Date