

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

pg. 1 of 3

<b>DOCUMENT # P04000167430</b> 1. Entity Name <b>KENNETH LOWE, P.A.</b>						<b>FILED</b> 05 DEC -1 AM 10:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1083 N. COLLIER BLVD., #113 MARCO ISLAND, FL 34145</b>				Mailing Address <b>1083 N. COLLIER BLVD., #113 MARCO ISLAND, FL 34145</b>			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
				07222005 Chg-P CR2E034 (10/03)		4. FEI Number <b>56-2493013</b>	
				5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>LOWE, KENNETH 1083 N. COLLIER BLVD., #113 MARCO ISLAND, FL 34145</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOWE, KENNETH 1083 N. COLLIER BLVD., #113 MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900061482189</b> <b>11/16/05--01041--003 **\$150.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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> <u>Kenneth Lowe</u> <b>KENNETH LOWE, PRESIDENT</b>				Date <b>11/28/05</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>			

 **BONITA TAX PROFESSIONALS, INC.**

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November 14, 2005

Florida Department of State  
Division of Corporations  
PO Box 6198  
Tallahassee, FL 32314-6198

Re: Kenneth Lowe, PA  
P04000167430

Dear Sir or Madam:

The Corporation, as referenced above, received a Notice of Dissolution or Revocation from your office. I have attached a copy for your convenience.

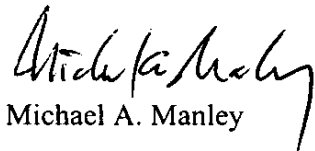
The above Corporation filed its 2005 FOR PROFIT CORPORATION ANNUAL REPORT and mailed a check for \$150.00 in July of 2005. I have attached a copy of both for you reference.

Upon reviewing your Notice, the Corporation realized that the check it wrote, check #1046 dated 7/27/05 for \$150.00 has not yet cleared. We believe the original ANNUAL REPORT and Check #1046 were lost in the mail.

As such, the Corporation has issued a new check for \$150.00. This is check #1100 and is enclosed. Please except this check, as it was the Corporations intention to continue business in the State of Florida.

If additional information is required, you may contact me directly at (239) 272-6559.  
Thank you for your attention in this matter.

Very Truly Yours,

  
Michael A. Manley

Cc: Kenneth Lowe, PA

1813 Princess Ct. Naples, FL 34110

Ph. (239) 272-6559

fax. (239) 254-5068

 **BONITA TAX PROFESSIONALS, INC.**

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November 29, 2005

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re:    Name:        Kenneth Lowe, PA  
      Ref #:        P04000167430  
      Type:        2005 Annual Report / Fee

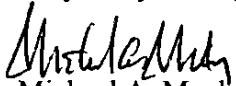
      Your Ltr:    #405A00068063 (copy attached)

Dear Sir or Madam:

Enclosed, please find your letter as referenced above. As requested in your letter, we have completed the 2005 For Profit Corporation Annual Report.

If additional information is required, please contact me immediately as we would like to resolve this issue.

Very Truly Yours,

  
Michael A. Manley

enclosures

Cc:    Kenneth Lowe, PA