
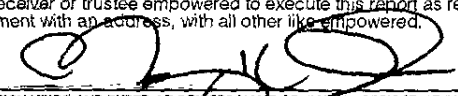


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P38519</b> 1. Entity Name <b>LOWDER CONSTRUCTION COMPANY, INC.</b>					
Principal Place of Business <b>2000 INTERSTATE PARK DR. SUITE 400 MONTGOMERY AL 36109 US</b>			Mailing Address <b>2000 INTERSTATE PARK DR. SUITE 400 MONTGOMERY AL 36109 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>63-1036354</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>CFRA, LLC CORPORATE CENTER THREE AT INT'L PLAZA 4221 W. BOY SCOUT BLVD, 10TH FLOOR TAMPA FL 33607-5736</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	CD	<input type="checkbox"/> Delete	TITLE	U00000358384	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWDER, JAMES K.		NAME	05/04/05-80114-003 150.00	
STREET ADDRESS	2000 INTERSTATE PK DR.		STREET ADDRESS		
CITY- ST- ZIP	MONTGOMERY AL 36109		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWDER, THOMAS H.		NAME		
STREET ADDRESS	2101 6TH AVE, NORTH STE 750		STREET ADDRESS		
CITY- ST- ZIP	BIRMINGHAM AL		CITY- ST- ZIP		
TITLE	AST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCKER, BRYAN K		NAME		
STREET ADDRESS	2000 INTERSTATE PARK DR.		STREET ADDRESS		
CITY- ST- ZIP	MONTGOMERY AL 36109		CITY- ST- ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOLE, RONALD		NAME		
STREET ADDRESS	2000 INTERSTATE PK		STREET ADDRESS		
CITY- ST- ZIP	MONTGOMERY AL		CITY- ST- ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEOD, P L JR.		NAME		
STREET ADDRESS	2000 INTERSTATE PARK DR.		STREET ADDRESS		
CITY- ST- ZIP	MONTGOMERY AL 36109		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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>  <span style="float: right;">4/26/05 (334) 270-6638</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					