

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2006 8:00 am
Secretary of State

09-01-2006 90001 022 ***150.00

DOCUMENT # P38519 <small>1. Entity Name</small> LOWDER CONSTRUCTION COMPANY, INC.					
<small>Principal Place of Business</small> 2000 INTERSTATE PARK DR. SUITE 400 MONTGOMERY, AL 36109 US			<small>Mailing Address</small> 2000 INTERSTATE PARK DR. SUITE 400 MONTGOMERY, AL 36109 US		
2. Principal Place of Business		3. Mailing Address			
<small>Suite, Apt. #, etc.</small>		<small>Suite, Apt. #, etc.</small>			
<small>City & State</small>		<small>City & State</small>			
<small>Zip</small>	<small>Country</small>	<small>Zip</small>	<small>Country</small>	4. FEI Number 63-1036354	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CFRA, LLC CORPORATE CENTER THREE AT INT'L PLAZA 4221 W. BOY SCOUT BLVD, 10TH FLOOR TAMPA, FL 33607-5736			<small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> FL <small>Zip Code</small>		
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>(NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing <small>Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees		<small>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</small>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	CD LOWDER, JAMES K. 2000 INTERSTATE PK DR. MONTGOMERY, AL 36109	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Suite 400		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D LOWDER, THOMAS H. 2101 6TH AVE, NORTH STE 750 BIRMINGHAM, AL	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	AST. TUCKER, BRYAN K 2000 INTERSTATE PARK DR. MONTGOMERY, AL 36109	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Suite 400		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	P POOLE, RONALD 2000 INTERSTATE PK MONTGOMERY, AL	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Suite 401		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	S MCLEOD, P L JR. 2000 INTERSTATE PARK DR. MONTGOMERY, AL 36109	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Suite 400		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	 	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: _____		8-23-06		334-270-10038	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	