


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90438 026 ***150.00

DOCUMENT # P40507
 1. Entity Name
LOWERY INDUSTRIAL COATINGS, INC.



Principal Place of Business: **25351 COWPEN CREEK ROAD ROBERTSDALE AL 36567**
 Mailing Address: **25351 COWPEN CREEK ROAD ROBERTSDALE AL 36567**

J4004003



MOORE CR2E034 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 City & State: _____

4. FEI Number: **63-1060937**
 Applied For: Not Applicable

Zip: _____ Country: _____
 Zip: _____ Country: _____

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LOWERY, FRANKLIN
5305 JOHN LOWERY RD
JAY FL 32565

7. Name and Address of New Registered Agent
 Name: **BRUCE CHILDERS**
 Street Address (P.O. Box Number is Not Acceptable): **3 W. GARDEN ST.**
SUITE 508
 City: **PENSACOLA** FL Zip Code: **32501**

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: *Bruce Childers* **Bruce Childers** **04/21/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: PD	<input type="checkbox"/> Delete
NAME: LOWERY, GLENN S.	
STREET ADDRESS: 25351 COWPEN CREEK ROAD	
CITY-ST-ZIP: ROBERTSDALE AL 36567	
TITLE: STD	<input type="checkbox"/> Delete
NAME: LOWERY, JOANNE W.	
STREET ADDRESS: 25351 COWPEN CREEK ROAD	
CITY-ST-ZIP: ROBERTSDALE AL 36567	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
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.

SIGNATURE: *Joanne W. Lowery* **Joanne W. Lowery** **04/21/04** **251/942-1208**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #