

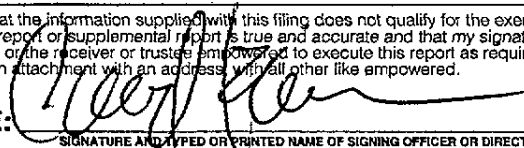


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000027677			
1. Entity Name LORD AND BOWERS, INC.			
Principal Place of Business 477 PICKFORD PT LONGWOOD, FL 32779 US		Mailing Address 477 PICKFORD PT LONGWOOD, FL 32779 US	
DO NOT WRITE IN THIS SPACE			
			
		01052005 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-3239582		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOWERS, CLAUD 477 PICKFORD POINT LONGWOOD, FL 32779		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U000000184974 01/20/05-80052-024 158.75	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOWERS, CLAUD 477 PICKFORD POINT LONGWOOD, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOWERS, FREEDA 477 PICKFORD POINT LONGWOOD, FL LONGWOOD, FL		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
DO NOT WRITE IN THIS SPACE			
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: 		1-12-05 407-810 8989	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	