

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P94000073983

1. Entity Name
DEAN LOWRY PLASTERING INC.



Principal Place of Business
2367 OLD SAMSULA RD.
DAYTONA BEACH, FL 32124

Mailing Address
2367 OLD SAMSULA RD.
DAYTONA BEACH, FL 32124



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3271944

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

LOWRY, DEBORAH K
2367 OLD SAMSULA RD.
DAYTONA BEACH, FL 32124

**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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
PVS
LOWRY, DEAN
2367 OLD SAMSULA RD.
DAYTONA BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
T
LOWRY, DEBORAH K
2367 OLD SAMSULA RD.
DAYTONA BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
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CITY-ST- ZIP

1100000354289
05/03/05-80102-005 150.00

**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:

Deborah Lowry DEBORAH Lowry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-05 386 255870
Date Daytime Phone #