


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000084800 1. Entity Name LOWMAN DEVELOPMENT, INC.	
--	---


Principal Place of Business 604 NEW WARRINGTON ROAD PENSACOLA, FL 32506 US	Mailing Address 604 NEW WARRINGTON ROAD PENSACOLA, FL 32506 US
--	--

DO NOT WRITE IN THIS SPACE

FILED

04 FEB -4 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3447036	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 LOWRY, GARY 604 NEW WARRINGTON ROAD PENSACOLA, FL 32506	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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	LOWRY, GARY
STREET ADDRESS	370 GULFVIEW LANE
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

900030933349

03/23/04--01072--014 **158.00

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: *Gary Lowry* Date: 01/22/04 Daytime Phone #: 850-458-5121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR