


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90090 001 ***150.00

DOCUMENT # P97000044265	
1. Entity Name LOWE'S AIRCRAFT, INC.	

Principal Place of Business 225 COWBOY WAY LABELLE, FL 33935 US	Mailing Address 3731 OAKVIEW DRIVE SEBRING, FL 33876 US
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2. Principal Place of Business - No P.O. Box # 13 CROSLEY LANE	3. Mailing Address 13 CROSLEY LANE
Suite, Apt. #, etc. C-5	Suite, Apt. #, etc. C-5
City & State SEBRING FL.	City & State SEBRING FL.
Zip 33870	Country US



04032007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent SPARKMAN, RICHARD D 307 AIRPORT PULLING ROAD, NORTH NAPLES, FL 34104	7. Name and Address of New Registered Agent Name RICHARD SPARKMAN Street Address (P.O. Box Number is Not Acceptable) 646 - 609 AVE. N. City NAPLES FL Zip Code 34108
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOWE, JON 3731 OAKVIEW DRIVE SEBRING, FL 33876 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Jon M. Lowe **JON M. LOWE** 4/4/07 863-655-3149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #