

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 12, 2004 8:00 am
Secretary of State

08-12-2004 90002 037 ***150.00

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1. Entity Name
BARRY LOWE MASONARY, INC.



Principal Place of Business
**624 E FIRST ST
APOPKA, FL 32703 US**

Mailing Address
**2731 SILVER STAR ROAD
ORLANDO, FL 32808 US**

54067964



07222004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3464589

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LOWE, BARRY R
2731 SILVER STAR ROAD
ORLANDO, FL 32808**

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LOWE, BARRY R
STREET ADDRESS	624 E FIRST STREET 5137 Keeneland Circle
CITY - ST - ZIP	APOPKA, FL 32703 ORLAND FL 32819

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NAME	LOWE, BARRY R
STREET ADDRESS	624 E FIRST STREET
CITY - ST - ZIP	APOPKA, FL 32703

TITLE	
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STREET ADDRESS	
CITY - ST - ZIP	

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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: Barry R Lowe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/04

407-293-2694

Date

Daytime Phone #