2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000001869

1. Entity Name DAVID W. LOWE, D.D.S., M.S., P.A.



Principal Place of Business

4904 S CLYDE MORRIS BLVD

SUITE A

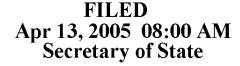
PORT ORANGE, FL 32129

Mailing Address

4904 S CLYDE MORRIS BLVD

SUITE A

PORT ORANGE, FL 32129





DO NOT WRITE IN THIS SPACE

01262005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For S9-3549678 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOWE, DAVID W 4904 S CLYDE MORRIS BLVD SUITE A PORT ORANGE, FL 32129

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered off	ice or r	egistered agent, or bo	th, in the State of Florida. I am familiar w	rith, and accept
SIGNATURE	Signature, typod or printed name of registered agent and title	f applicable. (NOTE, Registered Agent	t signature	required when rofinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				, ,
TITLE NAME STREET ADDRESS CITY-ST-7IP	P LOWE, DAVID W 937 SEA DUCK DRIVE DAYTONA BEACH, FL 321198765				U00000300841 04/13/05-80008-007	150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
MILE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TIFLE NAME STREET ADDRESS CITY -ST-ZIP					•	

12. It 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: /

SIGNATURE AND THE ON PRINTED ROLL OF SIGNING OFFICER OR DIRECTOR

7/7/05 386-304-010

Daytime Phone #