## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # 462760** 1. Entity Name 02-16-2005 90017 040 \*\*\*150.00 LEXON, INC. Mailing Address , , , Principal Place of Business 12850 COMMODITY PLACE 12850 COMMODITY PLACE 40010101 TAMPA, FL 33626 TAMPA, FL 33626 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02032005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-1633101 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -- 7. Name and Address of New Registered Agent Name CASTELLANO-VINCENT-JR.----Street Address (P.O. Box Number is Not Acceptable) 12850 COMMODITY PL TAMPA, FL 33626 City Zip Code 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE SD ☐ Delete TITLE Change NAME CASTELLANO JR, VINCENT NAME Sales Sales Control STREET ADDRESS 12850 COMMODITY PLACE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33626 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME CASTELLANO, PATRICIA NAME STREET ADDRESS 4103- SALTWATER BLVD STREET ADDRESS CITY-ST-ZIP TAMPA, FL CITY-ST-ZIP PΩ TITLE ☐ Delete TITLE ☐ Change ☐ Addition CASTELLANO, BRIAN A NAME NAME STREET ADDRESS 5007 TORREYHILLS LANE STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33558 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CETY - ST - 7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete me ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CHY-ST-ZIP 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. GNATURE: (ast Illane) SIGNATURE:

FILED

Feb 16, 2005 8:00 am