


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 462760**  
 1. Entity Name  
**LEXON, INC.**



Principal Place of Business  
**12850 COMMODITY PLACE  
 TAMPA, FL 33626**

Mailing Address  
**12850 COMMODITY PLACE  
 TAMPA, FL 33626**

**DO NOT WRITE IN THIS SPACE**



02052008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1633101** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CASTELLANO, VINCENT JR.  
 12850 COMMODITY PL  
 TAMPA, FL 33626**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	CASTELLANO JR, VINCENT
STREET ADDRESS	12850 COMMODITY PLACE
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	PD
NAME	CASTELLANO, BRIAN A
STREET ADDRESS	5007 TORREYHILLS LANE
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000828212  
 02/25/08-80003-007 150.00

**DO NOT WRITE IN THIS SPACE**

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: Vincent Castellano Vincent Castellano 2/11/08 (813) 925-0777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #