

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90025 011 \*\*\*\*61.25

**DOCUMENT # 701104**

1. Entity Name  
**LEXINGTON ARMS, INC.**



Principal Place of Business  
**2850 N.E. 30TH ST.  
FT. LAUDERDALE, FL 33306**

Mailing Address  
**2850 N.E. 30TH ST.  
SUITE 11  
FT. LAUDERDALE, FL 33306**

4000000000



**DO NOT WRITE IN THIS SPACE**

02182008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-0954301**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PATER, LOUISE  
2850 N.E. 30TH ST., #11  
FT. LAUDERDALE, FL 33306**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	EPOSITO, PAM
STREET ADDRESS	2850 NE 307L ST. #18
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306
TITLE	P/D
NAME	PATER, LOUISE
STREET ADDRESS	2850 NE 30TH ST. #11
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306
TITLE	V
NAME	COLLINS, JACK
STREET ADDRESS	2850 NE 30TH ST #19
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306
TITLE	S
NAME	CLARK, KEVIN
STREET ADDRESS	2850 NE 30TH ST. #8
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306
TITLE	D
NAME	SCHOEFFEL, HOWARD
STREET ADDRESS	2850 NE 30TH STREET #9
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306
TITLE	V. Pres
NAME	Suzanne GREST
STREET ADDRESS	2850 NE 30TH ST #4
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306

DELETE

Add

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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 617, 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: Louise Pater treas Louise PATER 3/11/08 617-721-4411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #