

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 18, 2008 08:00 A  
Secretary of State**

**DOCUMENT # F00000000551**

**1. Entity Name  
THE TRUXTON CORPORATION**



**Principal Place of Business  
9120 SLOAN STREET  
ORLANDO, FL 32827**

**Mailing Address  
9120 SLOAN STREET  
ORLANDO, FL 32827**



**04152008 No Chg-P CR2E034 (11/05)**

**4. FEI Number  
36-3723339**

**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**

**SMITH, RICHARD J  
9120 SLOAN STREET  
ORLANDO, FL 32827**

**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**

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

(NOTE: Registered Agent signature required when reconstituting)

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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PD  
SMITH, R J  
9120 SLOAN STREET  
ORLANDO, FL 32827**

**TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TSD  
SMITH, S L  
9120 SLOAN STREET  
ORLANDO, FL 32827**

**TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP**

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CITY- ST- ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**000000905309  
05/01/08-80046-016 150.00**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/08 407251 8803**

Date

Daytime Phone #