

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000000628

1. Entity Name
LEXINGTON MANAGEMENT GROUP, INC.



Principal Place of Business
C/O CALER DONTEN LEVINE, ET AL
505 SOUTH FLAGLER DRIVE, SUITE 900
WEST PALM BEACH, FL 33401

Mailing Address
C/O CALER DONTEN LEVINE, ET AL
505 SOUTH FLAGLER DRIVE, SUITE 900
WEST PALM BEACH, FL 33401



01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3480368

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DRUKER, SCOTT
C/O CALER DONTEN LEVINE, ET AL
505 SOUTH FLAGLER DRIVE, SUITE 900
WEST PALM BEACH, FL 33401

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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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	HANLEY, W L
STREET ADDRESS	25 JUNGLE ROAD
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	V
NAME	HOFFMAN, A A
STREET ADDRESS	25 JUNGLE ROAD
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	STD
NAME	CARDUCCI, F N
STREET ADDRESS	535 MADISON AVE., SUITE 7, 35TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 100224212
TITLE	D
NAME	SLADE, J J
STREET ADDRESS	535 MADISON AVE., SUITE 7, 35TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 100224212
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/05-80028-009 150.00

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #