## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H66880

Entity Name: SAXON ENTERPRISES, INC.

FILED Apr 16, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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416 CLEMATIS ST

WEST PALM BEACH, FL 33401 US

**Current Mailing Address: New Mailing Address:** 

416 CLEMATIS ST

WEST PALM BEACH, FL 33401 US

FEI Number: 59-2575493 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RUBENFELD, DAREN ELESSAR, SHARI J 416 CLEMATIS ST 416 CLEMATIS ST

WEST PALM BEACH, FL 33401 US WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: SHARI J ELESSAR 04/16/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: () Change () Addition

MILLER, ROBERT L Name: Name: 416 CLEMATIS ST Address: Address:

City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip:

Title: Title: () Delete (X) Change ( ) Addition

RUBENFELD, DAREN MILLER, MYRON M Name: Name: 416 CLEMATIS ST 416 CLEMATIS ST Address: Address:

WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

AUSTIN, CHRISTOPHER Name: Name: 416 CLEMATIS ST Address: Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L MILLER **OFCR** 04/16/2008