

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2004 8:00 am
Secretary of State

06-24-2004 90080 011 ***150.00

DOCUMENT # L36568

1. Entity Name
LEXCO, INC.



Principal Place of Business
% WILLIAM H. MYERS
5811 PELICAN BAY BLVD, STE 600
NAPLES, FL 34108 US

Mailing Address
% WILLIAM H. MYERS
5811 PELICAN BAY BLVD, STE 600
NAPLES, FL 34108 US

54058721



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06142004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0162695

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MYERS, WILLIAM H.
5811 PELICAN BAY BLVD
SUITE 613
NAPLES, FL 34108

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete
NAME MYERS, WILLIAM H.
STREET ADDRESS 4222 SAINT GEORGE LANE
CITY-ST-ZIP NAPLES, FL 34119

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6011 Fairway Court
CITY-ST-ZIP Naples, FL 34110

TITLE D ☐ Delete
NAME KRAUSE, ANDREW J
STREET ADDRESS 210 SILVERADO DR
CITY-ST-ZIP NAPLES, FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 583 Parkshore Drive
CITY-ST-ZIP Naples, FL 34103

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

William H. Myers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/04
Date

Daytime Phone #