


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

4. FEI Number Applied For
65-0162695 Not Applicable

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

8. Name and Address of Current Registered Agent
 MYERS, WILLIAM H.
 5811 PELICAN BAY BLVD
 SUITE 613
 NAPLES, FL 34108

7. Name and Address of New Registered Agent
 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 _____ (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

TITLE	VP	<input type="checkbox"/> Delete
NAME	MYERS, WILLIAM H.	
STREET ADDRESS	4222 SAINT GEORGE LANE	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRAUSE, ANDREW J	
STREET ADDRESS	210 SILVERADO DR	
CITY-ST-ZIP	NAPLES, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6011 Fairway Court	
CITY-ST-ZIP	Naples, FL 34110	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	583 Parkshore Drive	
CITY-ST-ZIP	Naples, FL 34103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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* *6/21/04*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #