

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06000010784**

1. Entity Name  
**SILEXA SERVICES INC.**



Principal Place of Business  
**7439 HIGH LAKE DRIVE  
ORLANDO, FL 32818**

Mailing Address  
**7439 HIGH LAKE DRIVE  
ORLANDO, FL 32818**



01042008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**37-1530622**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GAY, CHRISTINE D  
7439 HIGH LAKE DRIVE  
ORLANDO, FL 32818**

**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 Christine D. Gay

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/08

**Filing Fee is \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CHING, LUCIEN Q
STREET ADDRESS	3169 DASHA PALM DRIVE
CITY - ST - ZIP	KISSIMMEE, FL 34744
TITLE	D
NAME	GAY, SCHONTA T
STREET ADDRESS	3610 QUAIL HOLLOW DRIVE
CITY - ST - ZIP	HEPZIBAH, GA 30815
TITLE	D
NAME	COPEMANN, CAROLYN
STREET ADDRESS	7133 HIAWASSEE BT CLR
CITY - ST - ZIP	ORLANDO, FL 32818
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/13/08-80046-005 61.25

**DO NOT WRITE  
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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 617, 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

4/20/08 (407) 0315  
Date Daytime Phone #