

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000006726

Entity Name: LEXICON RELOCATION, INC.

FILED
Apr 13, 2005
Secretary of State

Current Principal Place of Business:

815 SOUTH MAIN STREET
JACKSONVILLE, FL 32207

New Principal Place of Business:

815 SOUTH MAIN STREET
ATTN: LORI EISCHEN
JACKSONVILLE, FL 32207

Current Mailing Address:

815 SOUTH MAIN STREET
JACKSONVILLE, FL 32207

New Mailing Address:

815 SOUTH MAIN STREET
ATTN: LORI EISCHEN
JACKSONVILLE, FL 32207

FEI Number: 59-3619076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNETT, JAMES G
815 SOUTH MAIN STREET
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C/D () Delete
Name: SUDDATH, STEPHEN M
Address: 815 SOUTH MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: CEO () Delete
Name: VAUGHN, BARRY S
Address: 815 SOUTH MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: CFOD () Delete
Name: BARNETT, JAMES G
Address: 815 SOUTH MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: S/D () Delete
Name: STRICKLAND, BARBARA S
Address: 815 SOUTH MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: P () Delete
Name: DOYLE, GEORGE W
Address: 815 SOUTH MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: V () Delete
Name: CARUSO, CRAIG
Address: 2874 JOHNSON FERRY RD.
City-St-Zip: MARIETTA, GA 30062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES G BARNETT

CFOD

04/13/2005

Electronic Signature of Signing Officer or Director

_____ Date