

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90009 050 ***150.00

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1. Entity Name
69-98 CORPORATION



Principal Place of Business Mailing Address
150 W. OAK ST. 150 W. OAK ST.
KISSIMMEE, FL 34741 KISSIMMEE, FL 34741

40023023



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2531 PARTRIDGE DR 2531 PARTRIDGE DR
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02082008 Chg-P CR2E034 (12/06)

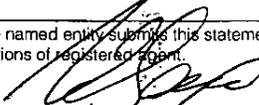
City & State City & State
WINTER HAVEN, FL WINTER HAVEN, FL
 Zip Country Zip Country
33884 USA 33884 USA

4. FEI Number Applied For
59-3680818 Not Applicable

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

6. Name and Address of Current Registered Agent
SAXON, RICHARD
150 W. OAK ST.
KISSIMMEE, FL 34741

7. Name and Address of New Registered Agent
 Name **R SAXON, RICHARD**
 Street Address (P.O. Box Number is Not Acceptable)
2531 PARTRIDGE DR
 City **WINTER HAVEN FL** Zip Code **33884**

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  **RICHARD SAXON** DATE **2-8-8**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SAXON, RICHARD	150 W. OAK ST.	KISSIMMEE, FL 34741	<input type="checkbox"/>
D	HALLSTROM, JUDY	1645 SHEFFIELD DR	CLEARWATER, FL 34624	<input type="checkbox"/>
D	SAXON, HEARD	PO BOX 530910	DEBARY, FL 327530910	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	SAXON, RICHARD	2531 PARTRIDGE DR	WINTER HAVEN, FL 33884	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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:  **RICHARD SAXON** DATE **2-8-8**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #