2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000089180

1. Entity Name
PAKSON TECHNOLOGY INC.

Principal Place of Business	Mailing Address
420 COVE TOWER DRIVE #403 NAPLES, FL 34110	420 COVE TOWER DRIVE #403 NAPLES, FL 34110

DO NOT WRITE IN THIS SPACE

01132005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-1070542		Not Applicable

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

6. Name and Address of Current Registered Agent

TURNER, JACOB C
420 COVE TOWER DRIVE
#403
NAPLES, FL 34110

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 _____

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** **After May 1, 2005 Fee will be $550.00** | 9. Election Campaign Financing Trust Fund Contribution. ☐ | **$5.00** May Be Added to Fees | |

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	TURNER, JACOB C
STREET ADDRESS	420 COVE TOWER DRIVE #403
CITY-ST-ZIP	NAPLES, FL 34110

U00000267309
03/17/05-80064-022 150.00

DO NOT WRITE
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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: _____   MAR.14'05   239-597/322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #