2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000001302

1. Entity Name

LEXTED, INC.

Principal Place of Business	Mailing Address
1010 28TH AVE NORTH NAPLES FL 34103	P.O. BOX 9346 NAPLES FL 34101

2. Principal Place of Business: 1010 28th Ave North	3. Mailing Address: Same as above
Suite, Apt. #, etc.	Suite, Apt #, etc
City & State: Naples FL	City & State
Zip: 34103 Country: USA	Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number 65-1022005 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ADDISON, L. DARRELL
1010 28TH AVE N
NAPLES FL 34103

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 ______ 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, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ADDISON, L. DARRELL		NAME	U00000445879
STREET ADDRESS	1010 28TH AVE N		STREET ADDRESS	03/07/06 00067-003 158.75
CITY-ST-ZIP	NAPLES FL 34103		CITY-ST-ZIP	
TITLE	DST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ADDISON, DOLORES		NAME	
STREET ADDRESS	1010 28TH AVE N		STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: L. Darrell Addison — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/19/06 Daytime Phone #: 239-262-5454