

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90422 050 ***150.00

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04022004 Chg-P CR2E034 (10/03)

DOCUMENT # P01000038309 1. Entity Name LEX INVESTORS, INC.																																					
Principal Place of Business 2691 DICK WILSON DR. SARASOTA, FL 34240			Mailing Address 5306 CORTEZ W #5 BRADENTON, FL 34210																																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																		
City & State			City & State																																		
Zip		Country		4. FEI Number 65-1094277																																	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																	
6. Name and Address of Current Registered Agent ALBRECHT, JEFFREY 2691 DICK WILSON DR. SARASOTA, FL 34240				7. Name and Address of New Registered Agent Name Erika Albrecht Street Address (P.O. Box Number is Not Acceptable) 2691 Dick Wilson Drive City Sarasota FL Zip Code 34240																																	
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 Erika Albrecht 4/20/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">D</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">Delete <input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>ALBRECHT, JEFFREY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>2691 DICK WILSON DR.</td> <td></td> </tr> <tr> <td></td> <td></td> <td>SARASOTA, FL 34240</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">D</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>Erika Albrecht</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>2691 Dick Wilson Drive</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Sarasota, FL 34240</td> <td></td> </tr> </table> </div> </div>						TITLE	D	NAME	Delete <input checked="" type="checkbox"/>	STREET ADDRESS		ALBRECHT, JEFFREY		CITY-ST-ZIP		2691 DICK WILSON DR.				SARASOTA, FL 34240		TITLE	D	NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	STREET ADDRESS		Erika Albrecht		CITY-ST-ZIP		2691 Dick Wilson Drive				Sarasota, FL 34240	
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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: Erika Albrecht 4/20/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																					