

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000051093

Entity Name: LEXINGTON, INC.

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2180 SEGOVIA AVE.  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

711 ST. MORITZ COURT  
SWITZERLAND, FL 32259

**Current Mailing Address:**

2180 SEGOVIA AVE.  
JACKSONVILLE, FL 32217

**New Mailing Address:**

21711 ST. MORITZ COURT  
SWITZERLAND, FL 322159

FEI Number: 52-2353509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUHLER, GLORIA H  
2180 SEGOVIA AVE.  
JACKSONVILLE, FL 32217 US

**Name and Address of New Registered Agent:**

BUHLER, GLORIA H  
21711 ST. MORITZ COURT  
SWITZERLAND, FL 32259 US

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

04/26/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HODAPP, GLORIA  
Address: 711 ST. MORTIZ COURT  
City-St-Zip: SWITZERLAND, FL 32259

Title: DST  
Name: BUHLER, GLORIA H  
Address: 711 ST. MORITZ COURT  
City-St-Zip: SWITZERLAND, FL 32259

I hereby 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 all other like empowered.

SIGNATURE: GLORIA H. BUHLER

DST

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date