

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000044836

Entity Name: AXEL CORPORATION

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

219 GREEN ACRES ROAD
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

219 GREEN ACRES ROAD
FORT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 01-0719064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONGENECKER, RODNEY L
1006 FAY DRIVE
MARY ESTHER, FL 32569 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LONGENECKER, RODNEY L
Address: 1006 FAY DRIVE
City-St-Zip: MARY ESTHER, FL 32569

Title: SD () Delete
Name: LONGENECKER, GWENDOLYN
Address: 1006 FAY DRIVE
City-St-Zip: MARY ESTHER, FL 32569

Title: VD () Delete
Name: SCOTT, MARTIN
Address: 9806 LOQUAT DRIVE
City-St-Zip: PENSACOLA, FL 32506

Title: TD () Delete
Name: SCOTT, SUSAN
Address: 9806 LOQUAT DRIVE
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RODNEY LONGENECKER

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date