

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jun 18, 2004 8:00 am
Secretary of State

5/4/

05-04-2004 90193 017 ***150.00

DOCUMENT # P03000005655

1. Entity Name
LEXICO, INC.



Principal Place of Business
**10111 VESTAL COURT
 CORAL SPRINGS, FL 33071
 11076 NW 3 St
 Coral Springs FL 33071**

Mailing Address
**10111 VESTAL COURT
 CORAL SPRINGS, FL 33071
 11076 NW 3 St
 Coral Springs FL 33071**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04232004 Chg-P CR2E034 (10/03)

5. Name and Address of Current Registered Agent
**BAUGH, GARY
 10111 VESTAL COURT
 CORAL SPRINGS, FL 33071**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PROGARY BAUGH DIR	<input type="checkbox"/> Delete
NAME GARY BAUGH	
STREET ADDRESS 11076 NW 3 St	
CITY-ST-ZIP CORALSP FL 33071	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: _____ Date: **5/22/04** Daytime Phone #: **951-566-8113**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment No 428593



PO 3000005655

PLEASE NOTE that the principal address has
changed to 11076 NW 3rd
Coral Springs FL
33071

Thank You

A handwritten signature in black ink, appearing to be 'J. B. ...'.