2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000071682

1. Entity Name
GV ON SAXON, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUN -6 AM 10:56
#158.75

Principal Place of Business	Mailing Address
2221 LEE ROAD STE 28 WINTER PARK, FL 32789	2221 LEE ROAD STE 28 WINTER PARK, FL 32789

03312005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
650 S. Northlake Blvd	650 S. Northlake Blvd
Suite, Apt. #, etc.: Suite 450	Suite, Apt. #, etc.: Suite 450
City & State: Altamonte Springs FL	City & State: Altamonte Springs FL
Zip: 32701 Country: USA	Zip: 32701 Country: USA

4. FEI Number: 20-0063448 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LECCESE, SALVADOR ~~2221 LEE ROAD STE~~ 28 ~~WINTER PARK, FL~~ 32789	Name Street Address (P.O. Box Number is Not Acceptable): 650 S. Northlake Blvd, Suite 450 City: Altamonte Springs FL Zip Code: 32701

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, 2005 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PT LECCESE, SALVADOR 3221 LEE ROAD SUITE 28 WINTER PARK, FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 650 S. Northlake Blvd, Suite 450 Altamonte Springs, FL 32701
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 4-6-05 407-645-5575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #