


FILED  
Jun 02, 2004 8:00 am  
Secretary of State

05-10-2004 90480 029 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P03000126153</b>			
1. Entity Name <b>LEXON HOMES, INC.</b>			
Principal Place of Business <b>341 NORTH MAITLAND AVENUE SUITE 340 MAITLAND, FL 32751</b>		Mailing Address <b>341 NORTH MAITLAND AVENUE SUITE 340 MAITLAND, FL 32751</b>	
2. Principal Place of Business <b>6000 Metrol West Blvd Suite, Apt. #, etc. Suite 105 City &amp; State Orlando FL Zip 32835 Country USA</b>		3. Mailing Address <b>6000 Metrol West Blvd Suite, Apt. #, etc. Suite 105 City &amp; State Orlando FL Zip 32835 Country USA</b>	
4. FEI Number <b>20-0328524</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		05032004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>TATICH, PHILIP 341 NORTH MAITLAND AVENUE SUITE 340 MAITLAND, FL 32751</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when renewing) Signature, typed or printed name of registered agent and title if applicable. DATE			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>President Joseph Kantor 6000 Metrol West Blvd Ste 105 Orlando FL 32835</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		_____ Date Daytime Phone #	