2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2005 8:00 am Secretary of State

DOCUMENT # P0400070340 1. Entity Name L E X & COMPANY INC.					04-13-2005 90041 030 ***150.00					
Principal Place of Business 1111 CRAIG CT. ST. CLOUD, FL 34772		Mailing Address 1111 CRAIG CT. ST. CLOUD, FL 34772				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IN BIRK FRUI GRIII GRII	1 48 311 L 38 11 48 11 4 111	II 418 II 48 3I 8	III II 1891
2. Principal Place of Busin		ess 3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apr. #, etc.			04072005	Chg-P	CR2E034 (10/03)	
City & State			City & State			4. FEI Number	10620	84		lied For Applicable
Zip		Country	Zip	Coun	try	5. Certificate of		┌┐ \$8.1	75 Additi Required	ional
	6. Name	and Address of Current Reg	istered Agent	,		7. Name and A	ddress of New R	egistered Agen	t	
					Name					
COLON, ELEXIS D 1111 CRAIG COUR' ST. CLOUD, FL 347					Street Address (P.O. Box Number is Not Acceptable)					
31.0200	D, 1 E 341									
					City			Г I	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 SIGNATURE SIGNATURE SIGNATURE (NOTE: Registered Agent signature required when reinstating) Office									nd accept	
FILE NOW!!! After May 1, 200		FEE.IS \$150.00 9. Election Campaign Finan Trust Fund Contribution.			ncing \$5	.00 May Be led to Fees				1,00
10.		OFFICERS AND DIR		11.	1	ADDITIONS/CH	HANGES TO OFF			
NAME COLON, I STREET ADDRESS 1111 CRA		AG CT.			ie Eet address			Ų	Change	☐ Addition
CITY - ST - ZIP	ST. CLOU	D, FL 34772	☐ Delete	TITL	-ST-ZIP				Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			<u></u>	NAM STRE					one ago	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Delete					- 0	Change -	■ Addition
TITLE NAME STREET ADDRESS CITY - ST- ZIP			☐ Delete				. ,		Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	90k1		☐ Defete '						Change	Addition
12. I hereby o	certify that the	information supplied with this	s filing does not qualify fo	r the exe	emption stated in Se	ection 119.07(3)(i),	Florida Statutes.	I further certify the	nat the inf	ormation

12. Thereby certify that the information supplied with this fling does not qualify for the exemption stated in Section 119.07(3)(f), fordid statutes, indiffer certify that it is 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 TIMED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/7/05

321-284-6520