

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000002493

FILED  
Apr 18, 2009  
Secretary of State

Entity Name: SAXON BUSINESS MANAGEMENT, INC.

## Current Principal Place of Business:

3615 LIGHTNER DR.  
TAMPA, FL 33629

## New Principal Place of Business:

## Current Mailing Address:

3615 LIGHTNER DR.  
TAMPA, FL 33629

## New Mailing Address:

FEI Number: 20-2125524

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBINSON, LOU ANN  
2601 NASSAU ST  
TAMPA, FL 33607 US

## Name and Address of New Registered Agent:

ROBINSON, ANDY  
2601 NASSAU ST  
TAMPA, FL 33607 US

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: ANDY ROBINSON

04/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: ROBINSON, SAXON  
Address: 3615 LIGHTNER DR.  
City-St-Zip: TAMPA, FL 33629

Title: S ( ) Delete  
Name: ROBINSON, SAXON  
Address: 3615 LIGHTNER DR.  
City-St-Zip: TAMPA, FL 33629

Title: VP (X) Delete  
Name: ROBINSON, SALUD C  
Address: 3615 LIGHTNER DR  
City-St-Zip: TAMPA, FL 33629

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition  
Name: ROBINSON, LOU ANN  
Address: 3615 LIGHTNER DR.  
City-St-Zip: TAMPA, FL 33629

Title: S (X) Change ( ) Addition  
Name: ROBINSON, LOU ANN  
Address: 3615 LIGHTNER DR.  
City-St-Zip: TAMPA, FL 33629

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: LOU ANN ROBINSON

P/S

04/18/2009

Electronic Signature of Signing Officer or Director

Date