


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000008479**

1. Entity Name  
 LENNOX REALTY, INC.



Principal Place of Business  
 536 SW ASTER ROAD  
 PORT ST LUCIE, FL 34953

Mailing Address  
 536 SW ASTER ROAD  
 PORT ST LUCIE, FL 34953

**DO NOT WRITE IN THIS SPACE**



05022007 No Chg-P CR2E034 (11/05)

4. FEI Number  
 04-3804469

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIDSON, LENNOX R  
 536 SW ASTER ROAD  
 PORT ST LUCIE, FL 34953

**DO NOT WRITE IN THIS SPACE**

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 on file Lennox Davidson President DATE: 5/1/07

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**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	P DAVIDSON, LENNOX R 536 SW ASTER ROAD PORT ST LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIDSON, DAWN A 536 SW ASTER ROAD PORT ST LUCIE, FL 34953
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 05/25/07-80043-025, 150:00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 on file Lennox Davidson Date: 5/1/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #