

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 29, 2008 08:00 A
Secretary of State

DOCUMENT # P05000154755

1. Entity Name
LECESSE SAXON, INC.



Principal Place of Business
**650 S. NORTHLAKE BLVD.
SUITE 450
ALTAMONTE SPRINGS, FL 32701**

Mailing Address
**650 S. NORTHLAKE BLVD.
SUITE 450
ALTAMONTE SPRINGS, FL 32701**



01232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4051807

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LECCSE, SALVADOR E
650 S. NORTH LAKE BLVD.
SUITE 450
ALTAMONTE SPRINGS, FL 32701**

**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

Salvador E. Leccese
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000844050
03/12/08-80022-004 158.75

10. OFFICERS AND DIRECTORS

TITLE P
NAME LECCSE, SALVADOR F
STREET ADDRESS 650 S. NORTHLAKE BLVD., SUITE 450
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE VP
NAME GROSCH, FRANK K
STREET ADDRESS 650 S. NORTHLAKE BLVD., SUITE 450
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE S
NAME GROSCH, FRANK K
STREET ADDRESS 650 S. NORTHLAKE BLVD., SUITE 450
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE T
NAME GROSCH, FRANK K
STREET ADDRESS 650 S. NORTHLAKE BLVD., SUITE 450
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 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, 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

2/20/08

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