

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000027740

1. Entity Name
SAXON GROUP, INC.



Principal Place of Business
**3135 SW MAPP ROAD
PALM CITY, FL 34990**

Mailing Address
**3135 SW MAPP ROAD
PALM CITY, FL 34990**



05132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4382013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RIZZUTI, JOSEPH R
3135 SW MAPP ROAD
PALM CITY, FL 34990**

**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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1000000952150

06/04/08-80069-003 150.00

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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	P
NAME	JULIANO, LUCY
STREET ADDRESS	5835 SW MAPP RD
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	D
NAME	JULIANO, LISA
STREET ADDRESS	5835 SW MAPP RD
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	D
NAME	CIFELLI, SALLY
STREET ADDRESS	5835 SW MAPP RD
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	T
NAME	JULIANO, ANTHONY
STREET ADDRESS	5835 SW MAPP RD
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	T
NAME	JULIANO, HELEN
STREET ADDRESS	5835 SW MAPP RD
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	S
NAME	JULIANO, SALVATORE
STREET ADDRESS	5825 SW MAPP RD
CITY-ST-ZIP	PALM CITY, FL 34990

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #