

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000009246

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** LEXAVIA INTEGRATED SYSTEMS CORPORATON

**Current Principal Place of Business:**

115A GREGORY SQUARE  
PENSACOLA, FL 32502

**New Principal Place of Business:**

2665 GULF BREEZE PKWY  
GULF BREEZE, FL 32563

**Current Mailing Address:**

115A GREGORY SQUARE  
PENSACOLA, FL 32502

**New Mailing Address:**

2665 GULF BREEZE PKWY  
GULF BREEZE, FL 32563

**FEI Number:** 26-4205694

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

IHNS, JURGEN R  
115A GREGORY SQUARE  
PENSACOLA, FL 32502 US

**Name and Address of New Registered Agent:**

IHNS, JURGEN R  
2665 GULF BREEZE PKWY  
GULF BREEZE, FL 32563 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:

01/10/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: IHNS, JURGEN R  
Address: 2665 GULF BREEZE PKWY  
City-St-Zip: GULF BREEZE, FL 32563

I hereby 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 all other like empowered.

SIGNATURE: JURGEN R IHNS

P

01/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date