

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000100015

Entity Name: LX4, INC.

FILED
Apr 28, 2011
Secretary of State

Current Principal Place of Business:

515 SOFT SHADOW LANE
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

515 SOFT SHADOW LANE
DEBARY, FL 32713

New Mailing Address:

FEI Number: 27-1480732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEAKE, RAYMOND
515 SOFT SHADOW LANE
DEBARY, FL 32713 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LEAKE, RAYMOND
Address: 515 SOFT SHADOW LANE
City-St-Zip: DEBARY, FL 32713

Title: VP
Name: LEAKE, CARLA
Address: 515 SOFT SHADOW LANE
City-St-Zip: DEBARY, FL 32713

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: CARLA W. LEAKE

VP

04/28/2011

Electronic Signature of Signing Officer or Director

Date