

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT..**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000024623

1. Entity Name
LEXJET CORPORATION



Principal Place of Business

**1680 FRUITVILLE RD.
THIRD FLR.
SARASOTA, FL 34236 US**

Mailing Address

**1680 FRUITVILLE RD.
THIRD FLR.
SARASOTA, FL 34236 US**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0485851

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**DARNELL, ROBERT W
2033 MAIN ST.
SUITE 406
SARASOTA, FL 34237**

**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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SIMKINS, RONALD T
STREET ADDRESS	915 POMELO AVE
CITY - ST - ZIP	SARASOTA, FL
TITLE	D
NAME	LAMBERT, ARTHUR D
STREET ADDRESS	1595 BAY POINT DR
CITY - ST - ZIP	SARASOTA, FL
TITLE	VP
NAME	LAMBERT, ARTHURE DEAN JR
STREET ADDRESS	1680 FRUITVILLE RD 3RD FL
CITY - ST - ZIP	SARASOTA, FL 34236
TITLE	VP
NAME	LANE, JOHN T JR
STREET ADDRESS	1680 FRUITVILLE RD 3RD FL
CITY - ST - ZIP	SARASOTA, FL 34236
TITLE	VP
NAME	CUDZILO, CHRISTOPHER L
STREET ADDRESS	1680 FRUITVILLE RD 3RD FL
CITY - ST - ZIP	SARASOTA, FL 34236
TITLE	VPCF
NAME	MASCO, GINA L
STREET ADDRESS	1680 FRUITVILLE RD 3RD FL
CITY - ST - ZIP	SARASOTA, FL 34236

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03/07/07-80021-012 150.00

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gina L Masco, VP **2/21/07** **941 906 3355**