

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000024623

Entity Name: LEXJET CORPORATION

FILED
Mar 19, 2008
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0485851 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DARNELL, ROBERT W
1820 RINGLING BLVD
SARASOTA, FL 34236 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SIMKINS, RONALD T
Address: 915 POMELO AVE
City-St-Zip: SARASOTA, FL

Title: D () Delete
Name: LAMBERT, ARTHUR D
Address: 1595 BAY POINT DR
City-St-Zip: SARASOTA, FL

Title: VP () Delete
Name: LAMBERT, ARTHURE DEAN JR
Address: 1680 FRUITVILLE RD 3RD FL
City-St-Zip: SARASOTA, FL 34236

Title: VP () Delete
Name: LANE, JOHN T JR
Address: 1680 FRUITVILLE RD 3RD FL
City-St-Zip: SARASOTA, FL 34236

Title: VP () Delete
Name: CUDZILO, CHRISTOPHER L
Address: 1680 FRUITVILLE RD 3RD FL
City-St-Zip: SARASOTA, FL 34236

Title: VPCF () Delete
Name: MASCO, GINA L
Address: 1680 FRUITVILLE RD 3RD FL
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GINA MASCO

VPCF

03/19/2008

Electronic Signature of Signing Officer or Director

_____ Date