

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000088958

Entity Name: SAXON ARCHIVE CENTERS, INC.

FILED  
Jan 13, 2005  
Secretary of State

## Current Principal Place of Business:

1330 N. MILITARY TRAIL  
32 C  
WEST PALM BEACH, FL 33409 US

## New Principal Place of Business:

12767 PINEACRE LANE  
WELLINGTON, FL 33414 US

## Current Mailing Address:

12767 PINE ACRE LANE  
WELLINGTON, FL 33414

## New Mailing Address:

12767 PINEACRE LANE  
WELLINGTON, FL 33414

FEI Number: 65-0545126

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KAPLAN & BLOOM, P.A.  
3900 WOODLAKE BLVD.,  
SUITE 212  
LAKE WORTH, FL 33463 US

## Name and Address of New Registered Agent:

DWIGHT SAXON  
12767 PINEACRE LANE  
WELLINGTON, FL 33414 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: DWIGHT SAXON

01/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SAXON, CONNIE R  
Address: 12767 PINE ACRE LN  
City-St-Zip: WELLINGTON, FL 33414

Title: VP ( ) Delete  
Name: SAXON, DWIGHT  
Address: 12767 PINE ACRE LN  
City-St-Zip: WELLINGTON, FL 33414

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: DWIGHT SAXON

VP

01/13/2005

Electronic Signature of Signing Officer or Director

Date