

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000052109

FILED
Apr 08, 2009
Secretary of State

Entity Name: SOPHLEX ENTERPRISES, INC.

Current Principal Place of Business:

405-A ATLANTIS RD.,
STE 210
CAPE CANAVERAL, FL 32920 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2421
CORPUS CHRISTI, TX 78403

New Mailing Address:

P.O. BOX 542349
MERRITT ISLAND, FL 32954

FEI Number: 59-3535787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATRICIA K. OLNEY, P.A.
677 DAVE NISBET DR.,
SUITE 110
PORT CANAVERAL, FL 32920 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: LEVENSALE, TIMOTHY D
Address: 955 OAK ST.
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D () Delete
Name: LEVENSALE, DEBRA A
Address: 955 OAK ST.
City-St-Zip: MERRITT ISLAND, FL 32953

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 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: TIMOTHY LEVENSALE

D

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date