


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P98000016763 |  |
| 1. Entity Name SAXON REAL ESTATE, INC. | |

| | |
|---|--|
| Principal Place of Business 6827 N. ORANGE BLOSSOM TRAIL, STE. 2 ORLANDO, FL 32860 | Mailing Address PO BOX 609521 ORLANDO, FL 32860 |
|---|--|

DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 59-3495076 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

DEMPSEY, W. GLENN
505 S. FLAGLER DR., STE. 1330
W. PALM BEACH, FL 33401

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** _____

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|--------------------------------------|
| TITLE | PDS |
| NAME | HENDERSON, JAMES |
| STREET ADDRESS | 6827 N. ORANGE BLOSSOM TRAIL, STE. 2 |
| CITY - ST - ZIP | ORLANDO, FL 32860 |
| TITLE | T |
| NAME | HAYWARD, ANDY |
| STREET ADDRESS | 6827 N ORANGE BLOSSOM TRL STE 2 |
| CITY - ST - ZIP | ORLANDO, FL 32860 |
| TITLE | VP |
| NAME | SWANSON, RUSS |
| STREET ADDRESS | 11101 S CROWN WAY #8 |
| CITY - ST - ZIP | WEST PALM BEACH, FL 33414 |
| TITLE | VP |
| NAME | DOBON, LOU |
| STREET ADDRESS | 5505 JOHNS RD STE 702 |
| CITY - ST - ZIP | TAMPA, FL 33634 |
| TITLE | VP |
| NAME | LAWSON, JIM |
| STREET ADDRESS | 2589 OSCAR JOHNSON DR |
| CITY - ST - ZIP | NORTH CHARLESTON, SC 29405 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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01/19/07-80021-025 158.75

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 another like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/15/07 **407-541-6006**
Date Daytime Phone #