~~2008~~ FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000016763

1. Entity Name
SAXON REAL ESTATE, INC.

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

DO NOT WRITE IN THIS SPACE

01302008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3495076

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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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02/21/08-80065-017 158.75

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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: _____ 2/6/08 407-541 6006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #