## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000016763

Entity Name: SAXON REAL ESTATE, INC.

FILED Mar 18, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

6827 N. ORANGE BLOSSOM TRAIL, STE.2 6827 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32860

SUITE 6

ORLANDO, FL 32810

**Current Mailing Address: New Mailing Address:** 

PO BOX 609521 ORLANDO, FL 32860

FEI Number: 59-3495076 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS () Delete Title: (X) Change ( ) Addition

HENDERSON, JAMES Name: Name: HENDERSON, JAMES

6827 N. ORANGE BLOSSOM TRAIL, STE.2 6827 N. ORANGE BLOSSOM TRAIL, STE.2 Address: Address:

ORLANDO, FL 32810 City-St-Zip: ORLANDO, FL 32860 City-St-Zip:

Title: Title: ( ) Delete (X) Change ( ) Addition

HAYWARD, ANDY Name: HAYWARD, ANDY Name:

6827 N ORANGE BLOSSOM TRL STE 2 6827 N ORANGE BLOSSOM TRL STE 2 Address: Address:

ORLANDO, FL 32860 ORLANDO, FL 32810 City-St-Zip: City-St-Zip:

( ) Delete Title: (X) Change ( ) Addition Title: VΡ SWANSON, RUSS SWANSON, RUSS Name: Name:

11101 S CROWN WAY #8 1201 AMERICAN PACIFIC DR., SUITE G Address: Address:

City-St-Zip: WEST PALM BEACH, FL 33414 City-St-Zip: HENDERSON, NV 89074

Title: VΡ () Delete Title: VΡ (X) Change ( ) Addition DOBON, LOU DOBON, LOU Name: Name:

Address: 5505 JOHNS RD STE 702 Address: 4909 WEST KNOLLWOOD ST.

City-St-Zip: City-St-Zip: TAMPA, FL 33634 TAMPA, FL 33634

Title: Title: () Delete () Change () Addition

LAWSON, JIM Name: Name: 2589 OSCAR JOHNSON DR Address: Address: City-St-Zip: NORTH CHARLESTON, SC 29405 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: JAMES HENDERSON PDS 03/18/2009

Electronic Signature of Signing Officer or Director

Date