


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Aug 27, 2008 08:00 AM  
Secretary of State**

<b>DOCUMENT # P98000057485</b>	
1. Entity Name <b>SAXON REALTY, INC.</b>	

Principal Place of Business <b>15002 NW 145TH TERRACE ALACHUA, FL 32615 US</b>	Mailing Address <b>P O BOX 817 ALACHUA, FL 32615 US</b>
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**DO NOT WRITE IN THIS SPACE**



08222008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3393643</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SAXON JR., COLE L  
15002 N. W. 145TH TERRACE  
ALACHUA, FL 32615**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>SAXON, COLE L JR 15002 N. W. 145TH TERRACE ALACHUA, FL 32615</b>
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08/27/08-80005-024 150.00

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IN THIS SPACE**

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:** *Cole L. Saxon, Jr.* **8/22/08** 386  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
462-2480