## 2008 FOR PROFIT CORPORATION

ANNUAL REPORT							
1. Entity Nan SAXON I	REALTY, INC.			Au	FIL: g 27, 200 Secretar;	ED 8 08:00 AM y of State	
		lailing Address				,	
		O BOX 817	•				
ALACHUA, F	L 32615 US	NLACHUA, FL 32615 US					
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DO NOT WRITE IN THIS SPAC			4. FEI Walliber				
				59-3393643 Not Applica			
				5. Certificate	e of Status Desired	Section 48.75 Additional Fee Regulard	
	6. Name and Address of Current Regis	Υ	<u> </u>		rea Required		
o. Name and Address of Current Registered Agent						I	
SAXON JR., COLE L				DO	NOT W	DITE	
15002 N. W. 145TH TERRACE				DO NOT WRITE			
ALACHUA, FL 32615			IN THIS SPACE				
				114		AOL	
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8. The above	named entity submits this statement for the	ournose of changing its register	ed office or register	red agent or bo	oth in the State of Flo	rida. Lam familiar with, and accent	
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							
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FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing				.00 May Be	In accordance w	rith s. 607.193(2)(b), F.S., the	
	ue by September 12, 2008	Trust Fund Contribution.		led to Fees	corporation did	not receive the prior notice.	
	OFFICERS AND DIDE	TOOC I	<u> </u>				
10.	OFFICERS AND DIRECT	ZIURS	-1				
TITLE .	SAXON, COLE L JR		ľ				
STREET ADDRESS	15002 N. W. 145TH TERRACE						
CITY-ST-ZIP	ALACHUA, FL 32615						
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STREET ADDRESS	•						
CITY-ST-ZIP							
<del></del>	ertify that the information connlied with this f	ling does not qualify for the over	emptione contained	Lin Chanter 14	D Florida Statistica 14	further certify that the information	
12. I hereby certify that the information supplied with this filling 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. Cu/c L, Sakon, Tr.							
	or on an attachment with an address, with a	CUI	C L, JAXON	0,3%	1 . /	386	
SIGNAT		Sax 1.	C. L. JAXON	17 To 181	122/08	465-5480	