


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000057485 1. Entity Name SAXON REALTY, INC.	
---	---

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

Principal Place of Business 15002 NW 145TH TERRACE ALACHUA, FL 32615 US	Mailing Address P O BOX 817 ALACHUA, FL 32615 US
---	--



DO NOT WRITE IN THIS SPACE

08222008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3393643	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 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 _____
Signature, typed or printed name of registered agent and title if applicable. (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	PD
NAME	SAXON, COLE L JR
STREET ADDRESS	15002 N. W. 145TH TERRACE
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000958514
08/27/08-80005-024 150.00

DO NOT WRITE
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 #