


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90010 010 \*\*\*150.00

DOCUMENT # P99000076620  
 1. Entity Name  
 LENOX SQUARE CENTER, INC.



Principal Place of Business Mailing Address  
 12744 EDENBRIDGE COURT 12744 EDENBRIDGE COURT  
 JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32223


2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 2950 Halcyon Lane 2950 Halcyon Lane

Suite, Apt. #, etc. Suite, Apt. #, etc.  
 Suite 205 Suite 205

City & State City & State  
 Jacksonville, Florida Jacksonville FL

Zip Country Zip Country  
 32223 U.S.A. 32223 U.S.A.

40022111



02162007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For  
 59-3064829 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 AKEL, ANDREW S  
 12744 EDENBRIDGE COURT  
 JACKSONVILLE, FL 32223

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 Andrew S Akel, President DATE 02/16/07  
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AKEL, ANDREW S 12744 EDENBRIDGE COURT JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AKEL, JACK S 1995 HIBERNIA COURT JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKEL, SUAD S 9910 MERLIN DRIVE EAST JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE 02/16/07 DAYTIME PHONE # (904) 708 2714  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #