

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V22151

FILED  
Jul 08, 2004  
Secretary of State

Entity Name: THE SAXMAN GROUP, INC.

**Current Principal Place of Business:**

5560 CYPRESS TREE CT.  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

307 HAMPSHIRE HILL RD  
MATTHEWS, NC 28105

**Current Mailing Address:**

5560 CYPRESS TREE CT.  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

307 HAMPSHIRE HILL RD  
MATTHEWS, NC 28105

FEI Number: 65-0323212

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPILLANE, J. P.  
12788 W. FOREST HILL BLVD., SUITE 2005  
WELLINGTON, FL 33414 US

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

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SPILLANE, J. P.,  
Address: 12788 W. FOREST HILL BLVD., SUITE 2005  
City-St-Zip: WELLINGTON, FL 33414

Title: PD ( ) Delete  
Name: SAXMAN, M. EARL  
Address: 5560 CYPRESS TREE CT.  
City-St-Zip: PALM BEACH GARDENS, FL 33418

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EARL SAXMAN

PD

07/08/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date