

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90438 020 ***150.00

DOCUMENT # V69064

1. Entity Name
SAXON FAMILY PROPERTIES, INC.



Principal Place of Business

**247 WANA AVENUE
NICEVILLE, FL 32578 US**

Mailing Address

**247 WANA AVENUE
NICEVILLE, FL 32578 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

247 WAVA AVENUE

Suite, Apt. #, etc.

247 WAVA AVENUE

City & State

City & State

Zip

Country

Zip

Country

04272004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3147846

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SAXON, K. WARD III
247 WANA AVENUE
NICEVILLE, FL 32578**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

247 WAVA AVENUE

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

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: **VD** ☐ Delete
NAME: **SAXON, BETTY R**
STREET ADDRESS: **5658 DIANE DR.**
CITY-ST-ZIP: **MOBILE, AL**

TITLE: **SD** ☐ Delete
NAME: **COGHLAN, JOYCE S**
STREET ADDRESS: **501 S. THAYER AVE.**
CITY-ST-ZIP: **ABERDEEN, MS**

TITLE: **DT** ☐ Delete
NAME: **SAXON, FLORA S**
STREET ADDRESS: **281 WAVA AVE.**
CITY-ST-ZIP: **NICEVILLE, FL**

TITLE: **PD** ☐ Delete
NAME: **SAXON, K W III**
STREET ADDRESS: **247 WANA AVENUE**
CITY-ST-ZIP: **NICEVILLE, FL 32578**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: **247 WAVA AVENUE**
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify 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 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

K. Ward Saxon III

K. WARD SAXON III

4/27/2004

850-729-0631