


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90970 027 ***150.00

DOCUMENT # V69064 1. Entity Name SAXON FAMILY PROPERTIES, INC.					
Principal Place of Business 247 WAVA AVENUE NICEVILLE, FL 32578 US			Mailing Address 247 WAVA AVENUE NICEVILLE, FL 32578 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3147846	
				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, K. WARD III 247 WAVA AVENUE NICEVILLE, FL 32578				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VD SAXON, BETTY R 5658 DIANE DR. MOBILE, AL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD COGHLAN, JOYCE S 501 S. THAYER AVE. ABERDEEN, MS		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MARCIA COGHLAN JOHNSTON 6272 LEDGEWOOD LN BARTLETT, TN 38135	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SAXON, FLORA S 281 WAVA AVE. NICEVILLE, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRENDA COGHLAN FREDERICK 130 LEREDA LN HELENA, AR 72342	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SAXON, K W III 247 WAVA AVENUE NICEVILLE, FL 32578		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE 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: <u>K.W. Saxon III</u> K.W. SAXON III 4-28-2005 (850) 724-0681 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					