

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUN 16 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04-28-04 90226 040 \$150.00



04252004 Chg-P CR2E034 (10/03) 04

DOCUMENT # P03000096240			
1. Entity Name E. ALEXANDRA CLOTHIERS, INC.			
Principal Place of Business 18107 PEREGRINE'S PERCH PLACE, #112 LUTZ, FL 33658		Mailing Address P.O. BOX 274250 TAMPA, FL 33688-4250	
2. Principal Place of Business 912 NW 51st Terrace Suite, Apt. #, etc.		3. Mailing Address PO Box 357970 Suite, Apt. #, etc.	
City & State Gainesville FL		City & State Gainesville FL	
Zip 32605	Country USA	Zip 32635-7970	Country USA
4. FEI Number		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LECOMPTE, MORRIS A 800 SECOND AVENUE SOUTH SUITE 380 ST. PETERSBURG, FL 33701		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: <i>Janeth H. Breckenridge</i> President DATE: 4/26/04 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, 2004 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	<i>President Jeanette H. Breckenridge PO Box 357970 Gainesville FL 32635-7970</i> ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President C. Mason Alley IV PO Box 1377 Beverly Hills, Ca 90213</i> ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President Christa B. Guerrero PO Box 358544 Gainesville FL 32635-8544</i> ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary Jeanette H. Breckenridge PO Box 357970 Gainesville FL 32635-7970</i> ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer Jeanette H. Breckenridge PO Box 357970 Gainesville FL 32635-7970</i> ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <i>Janeth H. Breckenridge</i>		4/26/04 (813) 629-0224	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	