

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000008043

**FILED**  
**Mar 02, 2007**  
**Secretary of State**

**Entity Name:** ALEXANDRIA CLINE & ASSOCIATES, PA

**Current Principal Place of Business:**

6822 22ND AVE NORTH #412  
ST. PETERSBURG, FL 33710 US

**New Principal Place of Business:**

**Current Mailing Address:**

6822 22ND AVE NORTH #412  
ST. PETERSBURG, FL 33710 US

**New Mailing Address:**

**FEI Number:** 20-4115124      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

JANSSEN, DUANE  
1626 38TH AVE NORTH  
ST. PETERSBURG, FL 33713 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CLINE, MARIA A  
Address: 5000 11TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33710 US

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

Title: P (X) Change ( ) Addition  
Name: CLINE, ALEXANDRA  
Address: 6822 22ND AVE NORTH #412  
City-St-Zip: ST. PETERSBURG, FL 33710 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ALEXANDRA CLINE

P

03/02/2007

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

\_\_\_\_\_ Date