

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P92000007466**

1. Entity Name  
**ALEXANDER'S DIRECT MAIL SERVICES INC.**



Principal Place of Business  
**4870 VICTOR ST  
 JACKSONVILLE, FL 32207**

Mailing Address  
**4870 VICTOR ST  
 JACKSONVILLE, FL 32207**

**DO NOT WRITE IN THIS SPACE**



03282006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-3148117** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ALEXANDER, ALICE T.  
 4870 VICTOR ST  
 JACKSONVILLE, FL 32207**

**DO NOT WRITE  
 IN THIS SPACE**

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 filing 2006)

DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	ALEXANDER, ROBERT C JR.
STREET ADDRESS	10605 PARLIAMENT PL
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	DVS
NAME	ALEXANDER, ROBERT C. S
STREET ADDRESS	11252 STONEY OT LN W
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	VT
NAME	ALEXANDER, RICHARD
STREET ADDRESS	7924 DALEHURST DR
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	V
NAME	JONES, CURTIS
STREET ADDRESS	9918 BRADLEY RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	P
NAME	ALICE, ALEXANDER T
STREET ADDRESS	11252 STONEY PT LN W
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/13/06-80064-007 150.00

**DO NOT WRITE  
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Alice T Alexander*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/28/06* Date *904-443-7384* Daytime Phone #