

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 485226</b> 1. Entity Name <b>ALEXANDER PROPERTIES, INC.</b>			
Principal Place of Business <b>327 SUNSET ROAD FROSTPROOF FL 33843</b>		Mailing Address <b>327 SUNSET ROAD FROSTPROOF FL 33843</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number <b>59-1624032</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALEXANDER, JOHN R. 327 SUNSET RD. FROSTPROOF FL 33843</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
		<b>FL</b> 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 _____ DATE _____ <small>(Signature, typed or printed name of the registered agent and title. (NOTE: Registered Agent signature required when re-registering))</small>			
<b>FILE NOW!!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE: PT <input type="checkbox"/> Delete NAME: ALEXANDER, JOHN R. STREET ADDRESS: 327 SUNSET ROAD CITY-ST-ZIP: FROSTPROOF FL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 000000811651 02/12/08-80014-020 150.00		
TITLE: VS <input type="checkbox"/> Delete NAME: ALEXANDER, SARAH J. STREET ADDRESS: 327 SUNSET ROAD CITY-ST-ZIP: FROSTPROOF FL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: D <input type="checkbox"/> Delete NAME: ALEXANDER, JOHN R. STREET ADDRESS: 327 SUNSET ROAD CITY-ST-ZIP: FROSTPROOF FL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: D <input type="checkbox"/> Delete NAME: ALEXANDER, SARAH J. STREET ADDRESS: 327 SUNSET ROAD CITY-ST-ZIP: FROSTPROOF FL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
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1st MOORE CR2E034 (10/07)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *John R. Alexander* 1/23/08 863-528-1808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR