

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90243 048 ***158.75

DOCUMENT # 598855

1. Entity Name
**ALEXANDER & ASSOCIATES, CHARTERED,
ARCHITECTS/PLANNERS, WILL A. ALEXANDER, III**



Principal Place of Business	Mailing Address
1465 S. FORT HARRISON AVENUE SUITE 204 CLEARWATER, FL 33756 US	1465 S. FORT HARRISON AVENUE SUITE 204 CLEARWATER, FL 33756 US

60000577



01042007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

1421 Court Street

Suite, Apt. #, etc.

Suite D

City & State

Clearwater, FL

Zip

33756

Country

USA

3. Mailing Address

1421 Court Street

Suite, Apt. #, etc.

Suite D

City & State

Clearwater, FL

Zip

33756

Country

USA

4. FEI Number

59-1870540

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GASSMAN, ALAN S PA
1245 COURT ST
SUITE 102
CLEARWATER, FL 33756**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	EGAN, JACQUELINE L	
STREET ADDRESS	1465 S. FORT HARRISON AVENUE, SUITE 204	
CITY-ST-ZIP	CLEARWATER, FL 33756	

TITLE	V	<input type="checkbox"/> Delete
NAME	FOWLER, STEPHEN R	
STREET ADDRESS	1465 S. FORT HARRISON AVENUE, SUITE 204	
CITY-ST-ZIP	CLEARWATER, FL 33756	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1421 Court Street, Suite D	
CITY-ST-ZIP	Clearwater, FL 33756	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1421 Court Street, Suite D	
CITY-ST-ZIP	Clearwater, FL 33756	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/Jan/07 (727) 449-2021
Date Daytime Phone #