


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # M85796	
1. Entity Name ALEXANDER COASTAL REALTY AND CONSTRUCTION, INC.	

Principal Place of Business 2669 SPRING CREEK HIGHWAY JCT HWY 98 & ST RD 365 CRAWFORDVILLE, FL 32327 US	Mailing Address 2669 SPRING CREEK HIGHWAY JCT HWY 98 & ST RD 365 CRAWFORDVILLE, FL 32327 US
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01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2894578	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ALEXANDER, GALVESTON 2669 SPRING CREEK HIGHWAY CRAWFORDVILLE, FL 32327
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALEXANDER, GALVESTON 2669 SPRING CREEK HIGHWAY CRAWFORDVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALEXANDER, LINDA G 2669 SPRING CREEK HIGHWAY CRAWFORDVILLE, FL
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01/23/04-80038-020 158.75

**DO NOT WRITE
IN THIS SPACE**

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: Linda G. Alexander / Secretary **1/20/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #