
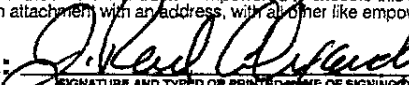


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2004 08:00 AM
Secretary of State**

DOCUMENT # P00000099488		
1. Entity Name J. REID ALEXANDER ARCHITECT AND PLANNERS, INC.		
Principal Place of Business 119 LIVE OAK LANE LARGO, FL 33770		Mailing Address 119 LIVE OAK LANE LARGO, FL 33770
DO NOT WRITE IN THIS SPACE		
03022004 No Chg-P CR2E034 (10/03)		
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ALEXANDER, J. REID 119 LIVE OAK LANE LARGO, FL 33770		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. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000111987 04/14/04-80004-018 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ALEXANDER, J. REID 119 LIVE OAK LANE LARGO, FL 33770	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 another like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		J. REID ALEXANDER 7/10/04 (727) 647-8704 PRESIDENT