2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000040097

1. Entity Name
J.R. ALEXANDERSON INC.

Principal Place of Business	Mailing Address
14 PATCHOGUE LANE PALM COAST, FL 32164	P O BOX 354403 PALM COAST, FL 32135-4403

DO NOT WRITE IN THIS SPACE

07142005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3715194	Not Applicable

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

6. Name and Address of Current Registered Agent

ALEXANDERSON, JOHN R
26 WHITTINGTON DR
PALM COAST, FL 32164

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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 reinstating)   DATE

FILE NOW!!! FEE IS $550.00 **Due by September 7, 2005**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	ALEXANDERSON, JOHN R
STREET ADDRESS	26 WHITTINGTON DR
CITY-ST-ZIP	PALM COAST, FL 32164

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/18/05-80002-003 S50.00

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: _John R. Alexanderson_ JOHN R. ALEXANDERSON 7/14/05 386-446-4272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #