


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90044 049 ***550.00

DOCUMENT # P01000040097

1. Entity Name
J.R. ALEXANDERSON INC.



Principal Place of Business
**14 PATCHOGUE LANE
 PALM COAST, FL 32164**

Mailing Address
**P O BOX 354403
 PALM COAST, FL 32135-4403**

2. Principal Place of Business
70 BROCKTON LANE
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
PALM COAST, FLORIDA

City & State
 City & State

Zip
32137

Country
V.S.A



08032006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3715194

Applied For
 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**

7. Name and Address of New Registered Agent
 Name **ALEXANDERSON JOHN R**
 Street Address (P.O. Box Number is Not Acceptable)
70 BROCKTON LANE
 City **PALM COAST** **FL** Zip Code **32137**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALEXANDERSON, JOHN R 26 WHITTINGTON DR PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ALEXANDERSON, JOHN R 70 BROCKTON LANE PALM COAST, FL. 32137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: John R. Alexander **JOHN R. ALEXANDERSON** **8/3/06** **386-446-4272**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #