

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000125383**

**1. Entity Name**  
**ALEXANDER'S AUTOMOTIVE, INC.**



**Principal Place of Business**  
7961 E. COLONIAL DR.  
ORLANDO, FL 32807 US

**Mailing Address**  
7961 E. COLONIAL DR.  
ORLANDO, FL 32807 US



04302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
01-0757260 **Applied For**  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

WIECHEL, FREDERICK  
4 KASEY DR.  
ORLANDO, FL 32807

**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** \_\_\_\_\_ 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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE	DPS
NAME	WIECHEL, FREDERICK
STREET ADDRESS	4 KASEY DR.
CITY-ST-ZIP	ORLANDO, FL 32807
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	

U000000758883  
05/24/07-80020-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

**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:** Fred Wiechel **FRED WIECHEL** 4/19/07 407-207-3217  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #