

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096240

FILED
Apr 30, 2005
Secretary of State

Entity Name: E. ALEXANDRA CLOTHIERS, INC.

Current Principal Place of Business:

912 NW 51ST TERRACE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 357970
GAINESVILLE, FL 326357970

New Mailing Address:

FEI Number: 56-2397512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LECOMPTE, MORRIS A
800 SECOND AVENUE SOUTH
SUITE 380
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRECKENRIDGE, JEANETTE H
Address: POST OFFICE BOX 357970
City-St-Zip: GAINESVILLE, FL 326357970

Title: VP () Delete
Name: ALLEY, G. MASON IV
Address: POST OFFICE BOX 1377
City-St-Zip: BEVERLY HILLS, CA 90213

Title: VP () Delete
Name: GUERRERO, CHRISTA B
Address: POST OFFICE BOX 358544
City-St-Zip: GAINESVILLE, FL 326358544

Title: S () Delete
Name: BRECKENRIDGE, JEANETTE H
Address: POST OFFICE BOX 357970
City-St-Zip: GAINESVILLE, FL 326357970

Title: T () Delete
Name: BRECKENRIDGE, JEANETTE
Address: POST OFFICE BOX 357970
City-St-Zip: GAINESVILLE, FL 326357970

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANETTE H. BRECKENRIDGE

P

04/30/2005

Electronic Signature of Signing Officer or Director

Date