

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90392 018 \*\*\*150.00

**DOCUMENT # P03000096240**

1. Entity Name  
**E. ALEXANDRA CLOTHIERS, INC.**



Principal Place of Business

**912 NW 51ST TERRACE  
GAINESVILLE, FL 32605**

Mailing Address

**POST OFFICE BOX 357970  
GAINESVILLE, FL 32635-7970**

2. Principal Place of Business

**3500 NW 97th BLVD  
Suite, Apt. #, etc.  
#701**

3. Mailing Address

**CORRECT  
Suite, Apt. #, etc.**



04152006 Chg-P CR2E034 (11/05)

City & State

**GAINESVILLE FL**

City & State

**GAINESVILLE FL**

4. FEI Number

**56-2397512**

Applied For

**Not Applicable**

Zip

**32606**

Country

**USA**

Zip

**32606**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **BRECKENRIDGE, JEANETTE H**  
STREET ADDRESS **POST OFFICE BOX 357970**  
CITY-ST-ZIP **GAINESVILLE, FL 326357970**

TITLE **VP** ☐ Delete  
NAME **ALLEY, G. MASON IV**  
STREET ADDRESS **POST OFFICE BOX 1377**  
CITY-ST-ZIP **BEVERLY HILLS, CA 90213**

TITLE **VP** ☐ Delete  
NAME **GUERRERO, CHRISTA B**  
STREET ADDRESS **POST OFFICE BOX 358544**  
CITY-ST-ZIP **GAINESVILLE, FL 326358544**

TITLE **S** ☐ Delete  
NAME **BRECKENRIDGE, JEANETTE H**  
STREET ADDRESS **POST OFFICE BOX 357970**  
CITY-ST-ZIP **GAINESVILLE, FL 326357970**

TITLE **T** ☐ Delete  
NAME **BRECKENRIDGE, JEANETTE**  
STREET ADDRESS **POST OFFICE BOX 357970**  
CITY-ST-ZIP **GAINESVILLE, FL 326357970**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*Jeannette H. Breckinridge*

4/15/06

(813) 629-0224