## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:

Jan 30, 2008 08:00 AN Secretary of State **DOCUMENT # P04000042864** 1. Entity Name JIM ALEXANDER, INC. Principal Place of Business Mailing Address 7385 SE 105 PLACE 7385 SE 105 PLACE BELLEVIEW, FL 34420 BELLEVIEW, FL 34420 No Chg-P 01112008 CR2E034 (11/05) Applied For 4. FEI Number 20-0897659 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRIT ALEXANDER, JAMES 7385 SE 105 PLACE BELLEVIEW, FL 34420 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. mature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000804533 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME ALEXANDER, JAMES STREET ADDRESS 7385 SE 105 PLACE CITY-ST-ZIF BELLEVIEW, FL 34420 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE and the surface of th NAME STREET ADDRESS DO NOT WRITE CITY+ST-Z(P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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.

ED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

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Daytime Phone #