

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-17-2006 90344 049 \*\*\*150.00  
P05000054149

**FILED**

142

06 NOV -6 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # P05000054149**

1. Entity Name

ALEXSIUS JACKSON P.A.



Principal Place of Business

5102 W. MADISON LAKES CIR.  
FT. LAUDERDALE FL 33328

Mailing Address

5102 W. MADISON LAKES CIR.  
FT. LAUDERDALE FL 33328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON, ALEXSIUS  
5102 W. MADISON LAKES CIR.  
FT. LAUDERDALE FL 33328

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
JACKSON, ALEXSIUS  
5102 W. MADISON LAKES CIR.  
FT. LAUDERDALE FL 33328 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APR-10-2006 MON 05:26 PM

FAX NO.

P. 01/04  
ATTN: Mrs. Euler

2082



**BRYANT  
& ASSOCIATES P.A.**

Accountants & Business Consultants

847 N.W. 119 ST., SUITE 205 • MIAMI, FLORIDA 33168

Office: (305) 685-5918 • Fax: (305) 685-3868

November 03, 2006

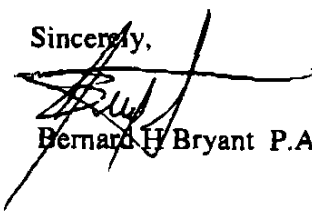
**Division of Corporations**

Re: Alexsius Jackson P.A.  
5102 W. Madison Lakes Cir  
Fort Lauderdale, FL 33328  
Dcto# **P05000054149**

**To Whom It May Concern:**

This is to inform that we've received a report and letter from Department of State showing the Ein# missing, which we've sent back the report with its number filled in 20-2686713. However, it seems like you have not received it yet. Thus a notice of dissolution has been sent to us. Please see documents enclosed and update your record in accordance to the info provided. We appreciate and thank you in advance.

Sincerely,

  
Bernard H Bryant P.A

BHB/mp

Discl.