


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90051 026 \*\*\*150.00

<b>DOCUMENT # P06000000648</b> 1. Entity Name <b>P.J. ALEX, INC.</b>					
Principal Place of Business <b>62 MAGNOLIA DRIVE DEBARY FL 32713 US</b>			Mailing Address <b>62 MAGNOLIA DRIVE DEBARY FL 32713 US</b>		
2. Principal Place of Business - No P.O. Box #  			3. Mailing Address  		
Suite, Apt. #, etc.  			Suite, Apt. #, etc.  		
City & State  			City & State  		
Zip  		Country <b>USA</b>		Zip  	
Country <b>USA</b>		4. FEI Number <b>20-4037843</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>ALEXANDER, PATRICIA A 62 MAGNOLIA DRIVE DEBARY FL 32713</b>			7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)   City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and the applicable. (NOTE: Registered Agent Signature required when registering)</small>					
<b>FILE NOW!!! - FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,S ALEXANDER, PATRICIA A 62 MAGNOLIA DRIVE DEBARY FL 32713		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,T ALEXANDER, JOHN H 62 MAGNOLIA DRIVE DEBARY FL 32713		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Delete		
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: <i>Patricia A. Alexander</i> <b>4/7/08</b> <b>386-753-9304</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		