


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000108133
 1. Entity Name
 ALEXANDER CUSTOM HOMES II, INC.



| | |
|--|--|
| Principal Place of Business 5327 COMMERCIAL WAY SUITE A-103 SPRING HILL, FL 34606 | Mailing Address 5327 COMMERCIAL WAY SUITE A-103 SPRING HILL, FL 34606 |
|--|--|



07012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 59-3491412 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

NESSLE, PAUL H JR.
 10002 CORTEZ BLVD.
 SPRING HILL, FL 34613

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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 | D ALEXANDER, MARK D 5327 COMMERCIAL WAY SPRING HILL, FL 34606 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ALEXANDER, CHARLENE 5327 COMMERCIAL WAY SPRING HILL, FL 34606 |
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 07/11/05-80015-024 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Mark D Alexander 07/01/05 352-596-8078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #