

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000041252

1. Entity Name
ALEXANDER LYNN, INC.



Principal Place of Business
**1253 RED DANDY DRIVE
ORLANDO, FL 32818**

Mailing Address
**1253 RED DANDY DRIVE
ORLANDO, FL 32818**



08302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3575429** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

**GATES, GAIL S
1253 RED DANDY DRIVE
ORLANDO, FL 32818**

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 _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GATES, FREDRIC S
STREET ADDRESS	1253 RED DANDY DRIVE
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	D
NAME	GATES, GAIL S
STREET ADDRESS	1253 RED DANDY DRIVE
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/07/05-80020-004 158.75

**DO NOT WRITE
IN THIS SPACE**

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: *Gail S. Gates*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/05 407 299-2891
Date Daytime Phone #