

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 21, 2006 08:00 AM
Secretary of State**

DOCUMENT # S35140

1. Entity Name

ALEXANDER ENTERPRISES, INC.



Principal Place of Business

10910 JUNIPERUS PL
TAMPA, FL 33618

Mailing Address

10910 JUNIPERUS PL
TAMPA, FL 33618



04182008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3055259

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ALEXANDER, WILLIAM O.
10910 JUNIPERUS PL
TAMPA, FL 33618

**DO NOT WRITE
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALEXANDER, WILLIAM O.
STREET ADDRESS	10910 JUNIPERUS PL
CITY-ST-ZIP	TAMPA, FL
TITLE	D
NAME	ALEXANDER, YVONNE
STREET ADDRESS	10910 JUNIPERUS PL
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000523440
05/03/06-80072-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

William O. Alexander 4/18/06 813-261-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #