


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # V70572
1. Entity Name
ALEXANDER & CO., P.A.



Principal Place of Business: 14033 N DALE MABRY, TAMPA, FL 33618
Mailing Address: 14033 N DALE MABRY, TAMPA, FL 33618

DO NOT WRITE IN THIS SPACE



03042004 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-3148177 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ALEXANDER, YVONNE D.
10910 JUNIPERUS PLACE
TAMPA, FL 33618

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

118/12/04-80015-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALEXANDER, YVONNE D.
STREET ADDRESS	10910 JUNIPERUS PALCE
CITY - ST - ZIP	TAMPA, FL
TITLE	DP
NAME	WILLIAMS O. ALEXANDER
STREET ADDRESS	10910 JUNIPERUS PLACE
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	

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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)(i), 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: W. O. Alexander 3/10/04 813-264-0844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #