


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90059 040 ***150.00

DOCUMENT # 187378 1. Entity Name ALFORD RESORTS, INC.					
Principal Place of Business ALFORD, TED 11619 FRONT BEACH PANAMA CITY BEACH FL 32407 US			Mailing Address 6923 MARINA COVE COURT COLUMBUS GA 31904		
2. Principal Place of Business <i>7505 THOMAS DR.</i> Suite, Apt. #, etc. <i>UNIT 111</i>		3. Mailing Address Suite, Apt. #, etc.			
City & State <i>PANAMA CITY BEACH, FL.</i>		City & State		4. FEI Number 59-0751561	
Zip <i>32408</i> Country <i>US</i>		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALFORD, TED 11619 FRONT BEACH TOWER II, UNIT 101 PANAMA CITY BEACH FL 32407			7. Name and Address of New Registered Agent Name <i>ALFORD, TED</i> Street Address (P.O. Box Number is Not Acceptable) <i>7505 THOMAS DR. UNIT 111</i> City <i>PANAMA CITY BEACH</i> FL Zip Code <i>32408</i>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALFORD, TED L 11619 FRONT BEACH RD. PANAMA CITY BEACH FL 32407		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>7505 THOMAS DR. UNIT 111</i> <i>PANAMA CITY BEACH, FL. 32408</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCDANIEL, SARA A 2506 CAMILLE DR COLUMBUS GA 31906		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PICKLE, LINDA A 1077 PRINCTON WALK MARIETTA GA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ESTES, DIANNE H 2034 COUNTRY CLUB RD. COLUMBUS GA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALFORD, LYNDIA M 11619 FRONT BEACH RD. #101 PANAMA CITY BEACH FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>7505 THOMAS DR. UNIT 111</i> <i>PANAMA CITY BEACH, FL. 32408</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i>			Date <i>11/30/04</i> Daytime Phone # <i>850-249-9078</i> <i>706-571-3108</i>		