



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90382 032 \*\*\*150.00

<b>DOCUMENT # F04000005350</b> 1. Entity Name <b>ALFA VISION INSURANCE CORPORATION</b>					
Principal Place of Business <b>2108 EAST SOUTH BLVD. MONTGOMERY, AL 36116-2015</b>			Mailing Address <b>P.O. BOX 11000 MONTGOMERY, AL 36191-0001</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <i>P.O. Box 11189</i> Suite, Apt. #, etc.			
City & State <b>MONTGOMERY AL</b>		City & State <b>MONTGOMERY AL</b>		4. FEI Number <b>20-1319603</b>	
Zip <b>36111-0189</b>		Country <b>AL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP ALLEN NEWBY, JERRY 2108 EAST SOUTH BLVD. MONTGOMERY, AL 361162015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEE ATTACHED LISTING</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEE ELLIS, CLYDE 2108 EAST SOUTH BLVD. MONTGOMERY, AL 361162015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS AL SCOTT, HERMAN 2108 EAST SOUTH BLVD. MONTGOMERY, AL 361162015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GODDARD RUTLEDGE, STEPHEN 2108 EAST SOUTH BLVD. MONTGOMERY, AL 361162015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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>Dan R. Probst</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>4/26/05</i>		Daytime Phone # <i>334-288-3900</i>

ATTACHMENT

14012169

# F04000005350

**ALFA VISION INSURANCE CORP.  
2005 OFFICERS & DIRECTORS**

CPD

JERRY A. NEWBY  
2108 EAST SOUTH BLVD.  
MONTGOMERY, AL 36111

VTD

C. LEE ELLIS, III  
2108 EAST SOUTH BLVD.  
MONTGOMERY, AL 36111

VSD

H. AL SCOTT  
2108 EAST SOUTH BLVD.  
MONTGOMERY, AL 36111

D

STEPHEN G. RUTLEDGE  
2108 EAST SOUTH BLVD.  
MONTGOMERY, AL 36111