


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000005350
1. Entity Name
ALFA VISION INSURANCE CORPORATION



Principal Place of Business: 2108 EAST SOUTH BLVD. MONTGOMERY, AL 36116-2015
Mailing Address: P O BOX 11189 MONTGOMERY, AL 36111

DO NOT WRITE IN THIS SPACE



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number: 20-1319603 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	ALLEN NEWBY, JERRY
STREET ADDRESS	2108 EAST SOUTH BLVD.
CITY-ST-ZIP	MONTGOMERY, AL 361162015
TITLE	DV
NAME	LEE ELLIS, CLYDE
STREET ADDRESS	2108 EAST SOUTH BLVD.
CITY-ST-ZIP	MONTGOMERY, AL 361162015
TITLE	DVS
NAME	AL SCOTT, HERMAN
STREET ADDRESS	2108 EAST SOUTH BLVD.
CITY-ST-ZIP	MONTGOMERY, AL 361162015
TITLE	DV
NAME	GODDARD RUTLEDGE, STEPHEN
STREET ADDRESS	2108 EAST SOUTH BLVD.
CITY-ST-ZIP	MONTGOMERY, AL 361162015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Dan R. Pugh Date: 4/27/07 Daytime Phone #: 334-288-3400