

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F47775

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** ALFORD BROTHERS, INC.

**Current Principal Place of Business:**

618 U.S. 90 EAST  
DEFUNIAK SPRINGS, FL 32433

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 192  
DEFUNIAK SPRGS, FL 32435

**New Mailing Address:**

**FEI Number:** 59-2141686

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALFORD, WAYNE L  
618 US 90 EAST  
DEFUNIAK SPRINGS, FL 32433 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PDTS  
Name: ALFORD, WAYNE L PDTS  
Address: 559 N CITY HWY 10-A  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WAYNE L. ALFORD

PRES

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date