

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G48649

FILED
Apr 12, 2012
Secretary of State

Entity Name: ALFAIR DEVELOPMENT COMPANY, INCORPORATED

Current Principal Place of Business:

1348 DAVIS STREET NORTH
JACKSONVILLE, FL 32209 US

New Principal Place of Business:

Current Mailing Address:

1348 DAVIS STREET NORTH
JACKSONVILLE, FL 32209 US

New Mailing Address:

FEI Number: 59-2306789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALFORD, JAMES D III
2046 COLLEGE CIRCLE SOUTH
JACKSONVILLE, FL 32209 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: P
Name: ALFORD, MAGGIE F
Address: 2046 COLLEGE CIRCLE SOUTH
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: D
Name: ALFORD, JAMES D III
Address: 2046 COLLEGE CIRCLE SOUTH
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: D
Name: ALFORD, JAMES D IV
Address: 2071 KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: D
Name: ALFORD, JUSTIN D
Address: 2046 COLLEGE CIRCLE SOUTH
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: D
Name: ALFORD, JOHNATHAN D
Address: 2046 COLLEGE CIRCLE SOUTH
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: D
Name: ALFORD, MARLENA M
Address: 9907 BLUNDON DRIVE #102
City-St-Zip: SILVER SPRINGS, MD 20902 US

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: JAMES D. ALFORD, III

D

04/12/2012

Electronic Signature of Signing Officer or Director

Date