

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L40960**

1. Entity Name  
**ALFORD ENTERPRISES OF BAY COUNTY, INC.**



Principal Place of Business  
**% CHARLES E. ALFORD, SR.  
180 N. TYNDALL PKWY.  
PANAMA CITY, FL 32404**

Mailing Address  
**% CHARLES E. ALFORD, SR.  
180 N. TYNDALL PKWY.  
PANAMA CITY, FL 32404**

**DO NOT WRITE IN THIS SPACE**



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2982965**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ALFORD, CHARLES E., SR.  
239 HUGH THOMAS DR.  
PANAMA CITY, FL 32404-5551**

**DO NOT WRITE  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

in accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ALFORD, CHARLES E.  
STREET ADDRESS 180 N. TYNDALL PARKWAY  
CITY-ST-ZIP PANAMA CITY, FL

TITLE ST  
NAME ALFORD, JOYCE W.  
STREET ADDRESS 180 N. TYNDALL PKWY  
CITY-ST-ZIP PANAMA CITY, FL

TITLE V  
NAME BROOKS, CARL F  
STREET ADDRESS 1519 LOUISIANA AVE.  
CITY-ST-ZIP LYNN HAVEN, FL 32444

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11000001E3417  
07/12/04-80013-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-8-2004 8507637289**