

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 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**



04132005 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 restateking)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**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	

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04/16/05-80015-018 150.00

**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)(f), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-15-05 (850) 763-7339**

Date

Day/Time Phone #