2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L40960

FILED Mar 10, 2009 Secretary of State

Entity Name: ALFORD ENTERPRISES OF BAY COUNTY, INC.

Littly Nai	IIIE. ALFORD	LINIERFRIGES OF BAT COC	JIVIT, IIVO.		
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
180 N. TYI	ES E. ALFORI NDALL PKWY. CITY, FL 3240				
Current Mailing Address:			New Mailing Add	New Mailing Address:	
180 N. TYI	ES E. ALFORI NDALL PKWY. CITY, FL 3240	,			
FEI Number	: 59-2982965	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
ALFORD, CHARLES E., SR. 239 HUGH THOMAS DR. PANAMA CITY, FL 324045551 US			812 PLANTATION	BROOKS, CARL F V 812 PLANTATION WAY PANAMA CITY, FL 32404 US	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its regist	tered office or registered agent, or both,	
SIGNATURE: CARL F. BROOKS				03/10/2009	
	Electror	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (ALFORD, CHAI 180 N.TYNDAL PANAMA CITY,	L PARKWAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST (ALFORD, JOYO 180 N. TYNDAI PANAMA CITY,	L PKWY	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	V BROOKS, CAR 812 PLANTATIO CALLAWAY, FI	ON WAY	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CARL F. BROOKS V 03/10/2009