

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000027177

FILED
Apr 05, 2007
Secretary of State

Entity Name: ALFORD APPLIANCE CENTER, INC.

Current Principal Place of Business:

1776 NANTON ST NW
PALM BAY, FL 32907

New Principal Place of Business:

Current Mailing Address:

P O BOX 111193
PALM BAY, FL 32911

New Mailing Address:

FEI Number: 59-3633003

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAHAM, WINFORD
1776 NANTON ST. NW
PALM BAY, FL 32907 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRAHAM, WINFORD
Address: 1776 NANTON STREET, NW
City-St-Zip: PALM BAY, FL 32907

Title: P () Delete
Name: WINFORD, GRAHAM
Address: 1776 NANTON ST.
City-St-Zip: PALM BAY, FL 32907 US

Title: P () Delete
Name: WINFORD, GRAHAM
Address: 1776 NANTON STREET, NW
City-St-Zip: PALM BAY, FL 32907 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Change (X) Addition
Name: WINFORD, GRAHAM
Address: 1776 NANTON STREET, NW
City-St-Zip: PALM BAY, FL 32907

I hereby certify that the information supplied with this filing does not qualify for the 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: WINFORD GRAHAM

P

04/05/2007

Electronic Signature of Signing Officer or Director

Date