

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000051992

1. Entity Name
ALFORD INSURANCE SERVICES INC.



Principal Place of Business
868 STONE RD
GRAND RIDGE, FL 32442

Mailing Address
868 STONE RD
GRAND RIDGE, FL 32442

DO NOT WRITE IN THIS SPACE

**FILED
May 01, 2006 08:00 AM
Secretary of State**

04242008 No Chg-P CR2E034 (11/05)

4. FEI Number
51-0466790

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ALFORD, CLAUDE E
868 STONE RD
GRAND RIDGE, FL 32442

**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 remailing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME ALFORD, CLAUDE E
STREET ADDRESS 868 STONE RD
CITY-ST-ZIP GRAND RIDGE, FL 32442

000000556177
05/16/06-80062-012 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Claude E. Alford* 4-27-06 850-209-1381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #