

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

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



04242006 No Chg-P CR2E034 (11/05)

4. FE Number

51-0466790

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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 file if applicable

(NOTE: Registered Agent signature required when restoring)

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

NAME

STREET ADDRESS

CITY-ST-ZIP

DP

ALFORD, CLAUDE E

868 STONE RD

GRAND RIDGE, FL 32442

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

U00000556177
05/16/06-80062-012 150.00

**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 Claude E. Alford, Pres. Sent 4-27-06 852-209-1381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #