

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000102868



1. Entity Name
ALFORD AND SONS MARINE CONSTRUCTION, INC.

[Handwritten Signature]

FILED

07 SEP 19 AM 6:37

SECRETARY OF STATE



Principal Place of Business
3211 GULF BREEZE PKWY
GULF BREEZE, FL 32563 US

Mailing Address
3211 GULF BREEZE PKWY
GULF BREEZE, FL 32563 US

X 2. Principal Place of Business - No P.O. Box #
X 1721 Oak Drive
Suite, Apt. #, etc.

3. Mailing Address
X 1721 Oak Drive
Suite, Apt. #, etc.

08302007 Chg-P CR2E034 (12/06)

City & State
Gulf Breeze, FL

City & State
Gulf Breeze, FL

Zip Country
32563 US

Zip Country
32563 US

4. FEI Number
20-0240286

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALFORD, JERRY L
5644 BROOKWOOD DR.
GULF BREEZE, FL 32563

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ALFORD, JERRY L	
STREET ADDRESS	5644 BROOKWOOD DR	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ALFORD, JEROME	
STREET ADDRESS	3211 GULF BREEZE PKWY	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALFORD, JOSEPH	
STREET ADDRESS	5644 BROOKWOOD DR	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALFORD, JANE	
STREET ADDRESS	5644 BROOKWOOD DR	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	100110232301
CITY-ST-ZIP	10/02/07--01032--002 **\$550.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: X *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-07
Date

Days: Phone #