
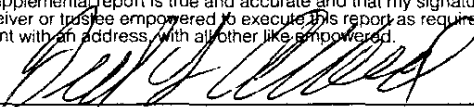


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90060 013 ***150.00

| | | | |
|---|--|--|---|
| DOCUMENT # P33846 1. Entity Name ALFORD OF COLUMBUS, INC. | |  | |
| Principal Place of Business ALFORD, TED L. 11619 FRONT BEACH RD TOWER I-101 PANAMA CITY BEACH FL 32407 US | | Mailing Address 6923 MARINA COVE COURT COLUMBUS GA 31904 | |
| 2. Principal Place of Business 7505 THOMAS DR. | | 3. Mailing Address | |
| Suite, Apt. #, etc. UNIT 111 | | Suite, Apt. #, etc. | |
| City & State PANAMA CITY BEACH FL. | | City & State | |
| Zip 32408 | Country US | Zip | Country |
| 4. FEI Number 58-1091906 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ALFORD, TED L. EDGEWATER BEACH RESORT TOWER 11, #101 PANAMA CITY BEACH FL 32407 | | 7. Name and Address of New Registered Agent Name ALFORD, TED L. Street Address (P.O. Box Number is Not Acceptable) 7505 THOMAS DR. UNIT 111 City PANAMA CITY BEACH FL Zip Code 32408 | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD ALFORD, TED L. 6923 MARINA COVE COURT COLUMBUS GA 31904 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ALFORD, TED L. 11819 FRONT BEACH BLVD UNIT 101 T2 PANAMA CITY BCH. FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCD ALFORD, LYNDIA 6923 MARINA COVE COURT COLUMBUS GA 31904 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ALFORD, LYNDIA 11619 FRONT BEACH RD UNIT 101 T2 PANAMA CITY BCH. FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  | | Date: 1-30-04 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone #: 850-249-9078 706-571-3108 | |

34003330



MOORE CR2E034 (11/03)