


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. SUITE 111			
City & State PANAMA CITY BEACH FL.		City & State PANAMA CITY BEACH FL.		4. FEI Number 58-1091906	
Zip 32408		Country US		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. SUITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	<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	P ALFORD, TED L. 11619 FRONT BEACH BLVD UNIT 101 T2 PANAMA CITY BCH. FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 7505 THOMAS DR. SUITE 111 PANAMA CITY BEACH, FL. 32408	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD ALFORD, LYNDIA 6923 MARINA COVE COURT COLUMBUS GA 31904	<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	S ALFORD, LYNDIA 11619 FRONT BEACH RD UNIT 101 T2 PANAMA CITY BCH. FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 7505 THOMAS DR. SUITE 111 PANAMA CITY BEACH, FL. 32408	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1-30-04		
Daytime Phone # 850-249-9078 706-571-3108			Daytime Phone #		