


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90072 021 ***150.00

DOCUMENT # P33846			
1. Entity Name ALFORD OF COLUMBUS, INC.			
Principal Place of Business 7505 THOMAS DR. UNIT 111 PANAMA CITY BEACH FL 32408 US		Mailing Address 6923 MARINA COVE COURT COLUMBUS GA 31904	
2. Principal Place of Business		3. Mailing Address <i>6919 MARINA COVE CT.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>COLUMBUS</i>	
City & State		City & State <i>GEORGIA</i>	
Zip	Country	Zip	Country
<i>31904</i>		<i>31904</i>	
6. Name and Address of Current Registered Agent ALFORD, TED L. 7505 THOMAS DR. UNIT 111 PANAMA CITY BEACH FL 32408		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>6919 MARINA COVE CT. COLUMBUS, GA. 31904</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALFORD, TED L. 7505 THOMAS DR. UNIT 111 PANAMA CITY BEACH FL 32408 <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	VCD ALFORD, LYNDA 6923 MARINA COVE COURT COLUMBUS GA 31904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>6919 MARINA COVE CT. COLUMBUS, GA. 31904</i>
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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 exemptions contained in Section 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: <i>Lynda Alford</i>		<i>2/10/06 766-591-3108</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



1st MOORE CR2E034 (10/05)

4. FEI Number **58-1091906** Applied For ☐ Not Applicable

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