


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 06, 2007 8:00 am
Secretary of State

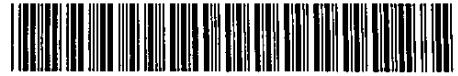
09-06-2007 90010 002 ***150.00

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
**6919 MARINA COVE CT
 COLUMBUS GA 31904**



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

3. Mailing Address
 Suite, Apt. #, etc.

2nd MOORE CR2E034 (4/07)

City & State
 City & State

Zip Country Zip Country

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

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

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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
DUE BY September 5, 2007
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS

TITLE	CD <input type="checkbox"/> Delete
NAME	ALFORD, TED L.
STREET ADDRESS	6919 MARINA CT
CITY-ST-ZIP	COLUMBUS GA 31904
TITLE	P <input type="checkbox"/> Delete
NAME	ALFORD, TED L.
STREET ADDRESS	7505 THOMAS DR. UNIT 111
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408
TITLE	VCD <input type="checkbox"/> Delete
NAME	ALFORD, LYNDA
STREET ADDRESS	6919 MARINA CT
CITY-ST-ZIP	COLUMBUS GA 31904
TITLE	S <input type="checkbox"/> Delete
NAME	ALFORD, LYNDA
STREET ADDRESS	7505 THOMAS DR. UNIT 111
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408
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	6919 MARINA COVE CT.
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6919 MARINA COVE CT.
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: [Signature] 8/20/07 906-JN-3108
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #