

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33846

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: ALFORD OF COLUMBUS, INC.

**Current Principal Place of Business:**

7505 THOMAS DR.  
UNIT 111  
PANAMA CITY BEACH, FL 32408 US

**New Principal Place of Business:**

**Current Mailing Address:**

6919 MARINA COVE CT  
COLUMBUS, GA 31904

**New Mailing Address:**

FEI Number: 58-1091906

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALFORD, TED L.  
7505 THOMAS DR.  
UNIT 111  
PANAMA CITY BEACH, FL 32408 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: ALFORD, TED L.,  
Address: 6919 MARINA COVE CT  
City-St-Zip: COLUMBUS, GA 31904

Title: P ( ) Delete  
Name: ALFORD, TED L.,  
Address: 7505 THOMAS DR. UNIT 111  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: VCD ( ) Delete  
Name: ALFORD, LYNDA,  
Address: 6919 MARINA COVE CT  
City-St-Zip: COLUMBUS, GA 31904

Title: S ( ) Delete  
Name: ALFORD, LYNDA,  
Address: 7505 THOMAS DR. UNIT 111  
City-St-Zip: PANAMA CITY BEACH, FL 32408

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TED L ALFORD

Electronic Signature of Signing Officer or Director

P

02/24/2009

Date