


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000030124 1. Entity Name JOHN R. ALFORD INSURANCE AGENCY, INC.	
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Principal Place of Business 10701 EAST COLONIAL ORLANDO, FL 32817	Mailing Address 10701 EAST COLONIAL ORLANDO, FL 32817
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DO NOT WRITE IN THIS SPACE



03032004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3377868	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, JOHN R
10701 EAST COLONIAL
ORLANDO, FL 32817**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALFORD, JOHN R 10701 EAST COLONIAL AVE ORLANDO, FL 32817
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03/22/04-80002-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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: **JOHN R. ALFORD** 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES. **3/3/04**

Date

407-275-0573
XXXXXXXXXXXX
Daytime Phone #