

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S29017

Entity Name: ALFLAND, INC.

FILED  
Apr 21, 2011  
Secretary of State

**Current Principal Place of Business:**

3020 CREEKSIDE TRAIL  
GREEN COVE SPRINGS, FL 32043

**New Principal Place of Business:**

**Current Mailing Address:**

3020 CREEKSIDE TRAIL  
GREEN COVE SPRINGS, FL 32043

**New Mailing Address:**

FEI Number: 59-3047684

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POOLE, ANNE D  
3020 CREEKSIDE TRAIL  
GREEN COVE SPRINGS, FL 32043 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: POOLE, ANNE D  
Address: 3020 CREEKSIDE TRAIL  
City-St-Zip: GREEN COVE SPRGS, FL 32043

Title: VPAS  
Name: BRIGHT, LAUREN D  
Address: 3030 CREEKSIDE TRAIL  
City-St-Zip: GREEN COVE SPRGS, FL 32043

Title: S/T  
Name: DAVIS, FRED K  
Address: 3230 HWY 17 NO  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

I hereby 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 all other like empowered.

SIGNATURE: ANNE D. POOLE

PRES

04/21/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date