FEB-19-2004(THU) 14:13 Professional Business Solutions (

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Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90020 013 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S32782

1. Entity Name
ALFORD CUSTOM WOODWORK CORPORATION

Principal Place of Business
1188 NE 37 STREET
POMPANO BEACH, FL 33064

Mailing Address
1188 NE 37 STREET
POMPANO BEACH, FL 33064

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

02192004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0242090
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ALFORD, JAMES
1188 NE 37 STREET
POMPANO BEACH, FL 33064

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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating) 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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: DP ☐ Delete NAME: ALFORD, JAMES STREET ADDRESS: 1246 S.W. 13TH PLACE CITY-ST-ZIP: BOCA RATON, FL ~~33064~~	TITLE: ☒ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP: ← 33486
TITLE: DV ☐ Delete NAME: ALFORD, EILEEN STREET ADDRESS: 1246 S.W. 13TH PLACE CITY-ST-ZIP: BOCA RATON, FL ~~33064~~	TITLE: ☒ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP: ← 33486
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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. 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: James M Alford 2/19/04 (954)946 8035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #