

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V73695

Entity Name: GEORGE ALFORD INC

FILED  
Jul 29, 2012  
Secretary of State

## Current Principal Place of Business:

15960 S.E. US HWY 441  
SUMMERFIELD, FL 34491 US

## New Principal Place of Business:

## Current Mailing Address:

15960 S.E. US HWY 441  
SUMMERFIELD, FL 34491 US

## New Mailing Address:

FEI Number: 65-0365467      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ALFORD, GEORGE N.  
5017 SE 107 TH PL  
BELLEVIEW, FL 34420 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: PD  
Name: ALFORD, GEORGE N.  
Address: 5017 SE 107TH PLACE  
City-St-Zip: BELLEVIEW, FL 34420

Title: V  
Name: COCHRANE, JENNIFER  
Address: 5902 HOB HILL AVE  
City-St-Zip: NORTH PORT, FL 34287

Title: V  
Name: COCHRANE, KEITH D  
Address: 5902 HOB HILL AVE  
City-St-Zip: NORTH PORT, FL 34287

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: GEORGE N ALFORD

PD

07/29/2012

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

\_\_\_\_\_  
Date