#### **2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G48649

Entity Name: ALFAIR DEVELOPMENT COMPANY, INCORPORATED

FILED Apr 20, 2018 Secretary of State CC8246094944

## **Current Principal Place of Business:**

1348 DAVIS STREET NORTH JACKSONVILLE. FL 32209

### **Current Mailing Address:**

1348 DAVIS STREET NORTH JACKSONVILLE, FL 32209 US

FEI Number: 59-2306789 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

ALFORD, JAMES DIII 2046 COLLEGE CIRCLE SOUTH JACKSONVILLE, FL 32209 US

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

#### Officer/Director Detail:

| Title P Title | D |
|---------------|---|
|---------------|---|

Name ALFORD, MAGGIE F Name ALFORD, JAMES DIII

Address 2046 COLLEGE CIRCLE SOUTH Address 2046 COLLEGE CIRCLE SOUTH

City-State-Zip: JACKSONVILLE FL 32209 City-State-Zip: JACKSONVILLE FL 32209

Title D Title D

Name ALFORD, JAMES DIV Name ALFORD, JUSTIN D

Address 2071 KINGS ROAD Address 2046 COLLEGE CIRCLE SOUTH

City-State-Zip: JACKSONVILLE FL 32209 City-State-Zip: JACKSONVILLE FL 32209

Title D Title D

NameALFORD, JOHNATHAN DNameALFORD, MARLENA MAddress2046 COLLEGE CIRCLE SOUTHAddress9907 BLUNDON DRIVE #102City-State-Zip:JACKSONVILLE FL 32209City-State-Zip:SILVER SPRINGS MD 20902

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: ALFORD, JAMES DIII

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