

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000021925

Entity Name: ALVIN FLORENCE, INC.**Current Principal Place of Business:**16375 SE 27TH AVE
SUMMERFIELD, FL 34491**Current Mailing Address:**16375 SE 27TH AVE
SUMMERFIELD, FL 34491 US**FEI Number:** 82-4809828**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WASHINGTON, JEFFREY J
16375 SE 27TH AVE
SUMMERFIELD, FL 34491 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
Name	WASHINGTON, JEFFREY J
Address	16375 SE 27TH AVE
City-State-Zip:	SUMMERFIELD FL 34491

Title	SECR
Name	WASHINGTON, JEFFREY J
Address	16375 SE 27TH AVE
City-State-Zip:	SUMMERFIELD FL 34491

Title	TREA
Name	WASHINGTON, JEFFREY J
Address	16375 SE 27TH AVE
City-State-Zip:	SUMMERFIELD FL 34491

Title	DIRE
Name	WASHINGTON, JEFFREY J
Address	16375 SE 27TH AVE
City-State-Zip:	SUMMERFIELD FL 34491

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: JEFFREY J WASHINGTON

P

01/28/2022

Electronic Signature of Signing Officer/Director Detail_____
Date