

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90078 044 ***158.75



DOCUMENT # G84939

1. Entity Name
GENE HOOD BAIL BONDS, INC.

94044407

Principal Place of Business
**205 COURT HOUSE SQ.
 INVERNESS, FL 34450**

Mailing Address
**205 COURT HOUSE SQ.
 INVERNESS, FL 34450**



2. Principal Place of Business
16435 SPRING HILL DR.

3. Mailing Address
16435 SPRING HILL DR.

Suite, Apt. #, etc.

03302004 Chg-P CR2E034 (10/03)

City & State
SPRING HILL, FL

4. FEI Number
59-2346937

Applied For
 Not Applicable

Zip
34604

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STANLEY, DAVID
 205 COURT HOUSE SQ.
 INVERNESS, FL 34450**

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 David Stanley DATE 3/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	P	<input type="checkbox"/> Delete
NAME	STANLEY, DAVID	
STREET ADDRESS	3251 S CYGNET PT	
CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STANLEY, DEBRA	
STREET ADDRESS	3251 S CYGNET PT	
CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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. I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Stanley DATE 3/30/04 (352) 726-2277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #