


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90225 044 ***158.75

DOCUMENT # G84939

1. Entity Name
GENE HOOD BAIL BONDS, INC.



Principal Office of Business
~~16935~~ **16435** SPRING HILL DR.
 SPRING HILL, FL 34604

Mailing Address
~~16935~~ **16435** SPRING HILL DR.
 SPRING HILL, FL 34604

CORRECT ADDRESS IS 16435 SPRING HILL DR



04092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2346937

Applied For
 Not Applicable

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~~

*16435 SPRING HILL DR
 SPRING HILL, FL 34604*

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STANLEY, DAVID
STREET ADDRESS	3251 S CYGNET PT
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	ST
NAME	STANLEY, DEBRA
STREET ADDRESS	3251 S CYGNET PT
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: *David Stanley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/15/05* Daytime Phone #: *352-796-6399*