


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90125 035 ***150.00

DOCUMENT # P03000014378

1. Entity Name
A1 BONDING AGENCY INC.



Principal Place of Business Mailing Address
220 S.E. 12 ST. **220 S.E. 12 ST.**
FORT LAUDERDALE FL 33316 **FORT LAUDERDALE FL 33316**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State

4. FET Number Applied For
NO-T APPLICABLE Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

SHEPPARD, WILLIAM I
220 S.E. 12 ST.
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name **SEAN MILLMAN**

Street Address (P.O. Box Number is Not Acceptable)
220 S.E. 12 STREET

City **FORT LAUDERDALE** FL Zip Code **33316**

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 *Sean Millman* DATE **2/17/06**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME SHEPPARD, WILLIAM I	
STREET ADDRESS 220 S.E. 12 ST.	
CITY-ST-ZIP FORT LAUDERDALE FL 33316	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME SHEPPARD, KELLY S	
STREET ADDRESS 220 S. E. 12 ST.	
CITY-ST-ZIP FORT LAUDERDALE FL 33316	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE SEAN MILLMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SEAN MILLMAN	
STREET ADDRESS 220 S.E. 12 STREET	
CITY-ST-ZIP FORT LAUDERDALE, FL 33316	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Sean Millman* DATE: **2/17/06** DAYTIME PHONE #: **(954) 306-0990**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #