

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

01-31-2008 90018 005 ***150.00

DOCUMENT # P07000000406					
1. Entity Name NATIVE BAIL BONDS, INC					
Principal Place of Business 72 E. MAIN ST 200 APOPKA, FL 32703 US			Mailing Address 72 E. MAIN ST 200 APOPKA, FL 32703 US		
2. Principal Place of Business: No P.O. Box #			3. Mailing Address:		
Suite, Apt. #, etc			Suite, Apt. #, etc		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 26-8137197	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARISCANI, MICHAEL J 5698 RON RD ST CLOUD, FL 34771			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 _____ (NOTE: Registered Agent signature required at this time.) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PARISCANI, MICHAEL J		NAME		
STREET ADDRESS	5698 RON RD		STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD, FL 34771		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☒ Addition	
NAME			NAME	Sammy Jester	
STREET ADDRESS			STREET ADDRESS	437 Wilmington Circle	
CITY-ST-ZIP			CITY-ST-ZIP	Gainesville, FL 32765	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exceptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is supplemental report, state and accurate and that the information shown having the same type of status as I made it and 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 11, if changed, or on an attachment with an address, and all other like empowered.					
SIGNATURE: <i>May Jester</i>			1-28-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		

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