

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000058187

Entity Name: ACCREDITED BOND AGENCIES, INC.**Current Principal Place of Business:**4798 NEW BROAD STREET
SUITE 200
ORLANDO, FL 32814**Current Mailing Address:**PO BOX 140855
ORLANDO, FL 32814**FEI Number: 59-3457839****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SNOW, DEBORAH A
4798 NEW BROAD STREET
SUITE 200
ORLANDO, FL 32814 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 CHAIRMAN OF THE
BOARD/DIRECTOR
Name SNOW, DEBORAH A
Address PO BOX 140855
City-State-Zip: ORLANDO FL 32814

Title COO/SECRETARY/DIRECTOR
Name JALLAD, SHARON S
Address PO BOX 140855
City-State-Zip: ORLANDO FL 32814

Title CFO/TREASURER/DIRECTOR
Name EMEL, MARNEY
Address PO BOX 140855
City-State-Zip: ORLANDO FL 32814

Title PRESIDENT
Name CAMPOFIORE, ALBERT J
Address PO BOX 140855
City-State-Zip: ORLANDO FL 32814

Title ASSISTANT SECRETARY
Name ELLRODT, TARRAH
Address PO BOX 140855
City-State-Zip: ORLANDO FL 32814

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: MARNEY EMEL**CFO****04/15/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date