# 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: JAMES A MCFADDEN SR

Electronic Signature of Signing Officer/Director Detail

## 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000099690

#### Entity Name: A PLUS BAIL BONDS & INVESTIGATIONS INC.

#### **Current Principal Place of Business:**

7337 LITTLE ROAD NEW PORT RICHEY, FL 34654

#### **Current Mailing Address:**

12423 US HIGHWAY 19 HUDSON, FL 34667 US

#### FEI Number: 59-3608996

### Name and Address of Current Registered Agent:

MCFADDEN, JAMES ASR. 7337 LITTLE ROAD NEW PORT RICHEY, FL 34654 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

#### Officer/Director Detail :

Title	PTD	Title	SVD
Name	MCFADDEN, JAMES ASR.	Name	MCFADDEN, COLLETTE A
Address	7337 LITTLE ROAD	Address	7337 LITTLE ROAD
City-State-Zip:	NEW PORT RICHEY FL 34654	City-State-Zip:	NEW PORT RICHEY FL 34654

PRESIDENT

04/26/2013 Date

FILED Apr 26, 2013 Secretary of State CC1621745289

Certificate of Status Desired: No

Date