

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90025 004 \*\*\*150.00

**DOCUMENT # 018037**

1. Entity Name  
**SURETY BANK**



Principal Place of Business  
**990 N. WOODLAND BLVD.  
DELAND, FL 32720 US**

Mailing Address  
**PO BOX 819  
DELAND, FL 32721-7819**



03282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0580845**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	JUSTIN, KAREN J
STREET ADDRESS	1208 WAR ADMIRAL DR
CITY-ST-ZIP	DELAND, FL 32724
TITLE	SD
NAME	BALDAUFF, JAMES D
STREET ADDRESS	247 CRANOR AVENUE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	D
NAME	CHARLTON, KATHLYN J
STREET ADDRESS	110 SHADY BRANCH TRAIL
CITY-ST-ZIP	DELAND, FL 32724
TITLE	C/D
NAME	TAYLOR, R. W.
STREET ADDRESS	800 W. VOORHIS AVE.
CITY-ST-ZIP	DELAND, FL 32720
TITLE	E.VP
NAME	BABCOCK, GARY R
STREET ADDRESS	6217 YOSEMITE DR
CITY-ST-ZIP	PORT ORANGE, FL 321276758
TITLE	D
NAME	JAMES, CRAIG T
STREET ADDRESS	245 E. SHADY BRANCH TRAIL
CITY-ST-ZIP	DELAND, FL 32724

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Karen J. Justin* **KAREN J. JUSTIN** 3/29/05 (386) 734-1647