


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 018037</b> 1. Entity Name <b>SURETY BANK</b>	
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Principal Place of Business <b>990 N. WOODLAND BLVD. DELAND, FL 32720 US</b>	Mailing Address <b>PO BOX 819 DELAND, FL 32721-7819</b>
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**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-0580845</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

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

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01/26/07-80023-023 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Karen J. Justin, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/07 (386) 734-1647  
Date Daytime Phone \*

KAREN J. JUSTIN PRESIDENT