


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90537 049 ***150.00

DOCUMENT # 205331 1. Entity Name A B C BONDING AGENCY INC	
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Principal Place of Business 548 N.W. 1 AVE. FORT LAUDERDALE, FL 33301	Mailing Address 548 N.W. 1 AVE. FORT LAUDERDALE, FL 33301
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2. Principal Place of Business 912 S. Andrews Ave. Suite, Apt. #, etc.	3. Mailing Address 912 S. Andrews Ave. Suite, Apt. #, etc.
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City & State Ft. Laud, FL	City & State Ft. Laud, FL
Zip 33316	Zip 33316
Country	Country



04292005 Chg-P CR2E034 (10/03)

4. FEI Number 59-0805657	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SUMMERLIN, CONCETTA G 548 N.W. 1 AVE. FT. LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent Name Concetta Summerlin Street Address (P.O. Box Number is Not Acceptable) 912 S. Andrews Ave. City Ft. Laud, FL Zip Code 33316
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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: Concetta Summerlin DATE: 4-29-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SUMMERLIN, CONCETTA G. 548 NW 1 AVE FT. LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Concetta Summerlin 912 S. Andrews Ave. Ft. Laud, FL 33316 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Concetta Summerlin DATE: 4-29-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR