

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 446615

FILED  
Apr 28, 2010  
Secretary of State

**Entity Name:** SAILES INSURANCE AND BAIL BONDS INC.

**Current Principal Place of Business:**

651 17TH STREET WEST  
SUITE H  
PALMETTO, FL 34221 US

**New Principal Place of Business:**

**Current Mailing Address:**

651 17TH STREET WEST  
SUITE H  
PALMETTO, FL 34221 US

**New Mailing Address:**

**FEI Number:** 59-1517129

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SAILES, OSIE M.  
1610 8TH AVE., WEST  
PALMETTO, FL 34221 US

**Name and Address of New Registered Agent:**

SAILES, OSIE M.  
651 17TH STREET WEST  
SUITE H  
PALMETTO, FL 34221 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: OSIE MAE SAILES

04/28/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SAILES, OSIE M.  
Address: 1003 31ST STREET EAST  
City-St-Zip: PALMETTO, FL 34221 US

Title: S  
Name: THOMAS, VANZETTA SAILES  
Address: P.O. BOX 492  
City-St-Zip: PALMETTO, FL 34220 US

Title: T  
Name: HOUSTON, GLADYS SAILES  
Address: P.O. BOX 52  
City-St-Zip: PALMETTO, FL 34220 US

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: OSIE MAE SAILES

P

04/28/2010

Electronic Signature of Signing Officer or Director

Date