

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90041 045 ***150.00

DOCUMENT # 507306 1. Entity Name STEVE BOND INSURANCE AGENCY, INC.					
Principal Place of Business 151 E CENTER AVE SEBRING, FL 33870 US			Mailing Address 151 E. CENTER AVE. SEBRING, FL 33870 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1680780	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BOND, STEPHEN D. 811 LAKE SEBRING DR SEBRING, FL 33870				7. Name and Address of New Registered Agent Name amend mailing address of registered agent Street Address (P.O. Box Number is Not Acceptable) 1043 Lake Sebring Dr City Sebring FL Zip Code 33870	
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, type or print name of registered agent and state if applicable. (NOTE: Registered Agent signature required when submitting)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD BOND, STEPHEN D 811 LAKE SEBRING DR SEBRING, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	1043 Lake Sebring Dr Sebring, FL 33870	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD BOND, PAULA S 811 LAKE SEBRING DR SEBRING, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	1043 Lake Sebring Dr Sebring, FL 33870	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD BOND, ANNE D 4245 SUN N LAKE BLVD SEBRING, FL 33872	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	2327 Pasco Dr Sebring, FL 33870	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S RAMOS, KAREN M 3132 GROUPE DR SEBRING, FL 33870	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: <u>Stephen D Bond</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2-9-05 (863) 385-2258 Date (Phone: Florida 4)		

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