


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AF)

**FILED**  
**Jun 22, 2005 8:00 am**  
**Secretary of State**

06-22-2005 90078 036 \*\*\*150.00

<b>DOCUMENT # 560206</b> 1. Entity Name <b>FLORIDA BAIL BONDS, INC.</b>					
Principal Place of Business <b>4301 S.W. 141 AVE MIRAMAR FL 33027 US</b>			Mailing Address <b>4301 S.W. 141 AVE MIRAMAR FL 33027 US</b>		
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 <b>59-2154707</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>SHRYOCK, GENE DECEASED</b> <b>4301 S.W. 141 AVENUE</b> <b>MIRAMAR FL 33027</b> <b>5/12/03</b>	
7. Name and Address of New Registered Agent Name <b>CYNTHIA M. SHRYOCK</b> Street Address (P.O. Box Number is Not Acceptable) <b>4301 S.W. 141 AVENUE</b> City <b>MIRAMAR</b> FL <b>33027</b>				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 <input checked="" type="checkbox"/> <b>Cynthia M. Shryock</b> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when resigning)</small>				DATE <b>5-1-05</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHRYOCK, GENE R. <b>DECEASED</b> 4301 S.W. 141 AVENUE MIRAMAR FL 33027 <b>5/12/03</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CYNTHIA M. SHRYOCK 4301 S.W. 141 AVENUE MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: <input checked="" type="checkbox"/> <b>Cynthia M. Shryock</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>5-1-05</b> <small>Date</small>		
DAYTIME PHONE # <b>954-433-4433</b> <small>Daytime Phone #</small>			SIGNATURE <input checked="" type="checkbox"/> <b>5-1-05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		