2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 560206

1. Entity Name
FLORIDA BAIL BONDS, INC.

Principal Place of Business	Mailing Address
4301 S.W. 141 AVE	4301 S.W. 141 AVE
MIRAMAR, FL 33027 US	MIRAMAR, FL 33027 US

DO NOT WRITE IN THIS SPACE

03232006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2154707	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHRYOCK, CYNTHIA M
4301 SOUTHWEST 141 AVENUE
MIRAMAR, FL 33027

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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_____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	SHRYOCK, CYNTHIA M
STREET ADDRESS	4301 S.W. 141 AVENUE
CITY-ST-ZIP	MIRAMAR, FL 33027

U00000524839
05/04/06-80006-013 150.00

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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: Cynthia M. Shryock   04-19-06   984-433-4433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #