

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90225 044 \*\*\*158.75

**DOCUMENT # G84939**

1. Entity Name  
**GENE HOOD BAIL BONDS, INC.**



16435  
Principal Place of Business  
**16935 SPRING HILL DR.  
SPRING HILL, FL 34604**

16435  
Mailing Address  
**16935 SPRING HILL DR.  
SPRING HILL, FL 34604**

**CORRECT ADDRESS IS 16435 SPRING HILL DR**



04092005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2346937**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**STANLEY, DAVID  
205 COURT HOUSE SQ.  
INVERNESS, FL 34450**

**16435 SPRING HILL DR  
SPRING HILL, FL 34604**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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**

TITLE	P
NAME	STANLEY, DAVID
STREET ADDRESS	3251 S CYGNET PT
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	ST
NAME	STANLEY, DEBRA
STREET ADDRESS	3251 S CYGNET PT
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *David Stanley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/15/05* *1352-796-6399*  
Date Daytime Phone #