


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 19, 2004 8:00 am**  
**Secretary of State**

08-19-2004 90054 010 \*\*\*550.00

<b>DOCUMENT # H88870</b> 1. Entity Name <b>MONCRIEF BAIL BONDS, INC.</b>					
Principal Place of Business <b>3910 S JOHN YOUNG PKWY ORLANDO, FL 32839-8653 US</b>			Mailing Address <b>3910 S JOHN YOUNG PKWY ORLANDO, FL 32839-8653 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2611825</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MONCRIEF, RUSSELL B 3910 S JOHN YOUNG PKWY ORLANDO, FL 32839</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</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	PST <input type="checkbox"/> Delete <b>MONCRIEF, RUSSELL B.</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>3910 S JOHN YOUNG PKWY</b>		NAME		
STREET ADDRESS	<b>ORLANDO, FL</b>		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WILSON, VIRGINIA</b>		NAME	<b>VIRGINIA Shumate</b>	
STREET ADDRESS	<b>3910 S. JOHN YOUNG PKWY</b>		STREET ADDRESS	<b>3910 S. John Young Pkwy.</b>	
CITY - ST - ZIP	<b>ORLANDO, FL 32839</b>		CITY - ST - ZIP	<b>ORLANDO, FL 32839</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>Virginia L. Shumate</i> /VP			Date: <i>8-17-04</i> Daytime Phone #: <i>(407) 423-2000</i>		
<b>VIRGINIA L. SHUMATE</b>					