


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # J17375**

1. Entity Name  
**T. H. POOLE'S BONDING AGENCY, INC.**



Principal Place of Business 1033 SMITH ST EUSTIS, FL 32726 P O BOX 1334 EUSTIS, FL 32727	Mailing Address 1033 SMITH ST EUSTIS, FL 32726 P O BOX 1334 EUSTIS, FL 32727
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**DO NOT WRITE IN THIS SPACE**



03302004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2635981</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**POOLE, RENA D.  
1033 SMITH STREET  
EUSTIS, FL 32726**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointing.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

100000105951  
04/07/04-80045-012 50.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PCD POOLE, THOMAS H., SR. 1033 SMITH STREET EUSTIS, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD POOLE, RENA D. 1033 SMITH STREET EUSTIS, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D POOLE, THOMAS H., JR 1033 SMITH STREET EUSTIS, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CALDWELL, RENE P. 1033 SMITH STREET EUSTIS, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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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)(b), 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 titles empowered.

**SIGNATURE:** Rena D. Poole - RENA D. POOLE **STD** 4-2-04 352-357-3490  
SIGNATURE AND TYPED OR PRINTED NAME OF BONDING OFFICER OR DIRECTOR Date Daytime Phone #