

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # J40559	
1. Entity Name A.A.A. BAIL BONDS INC.	

Principal Place of Business 7726 LITTLE RD NEW PORT RICHEY, FL 34654 US	Mailing Address 7726 LITTLE RD. NEW PORT RICHEY, FL 34654 US
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01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FBI Number 59-2798442	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MALONEY, FRANCIS J 7730 LITTLE RD. NEW PORT RICHEY, FL 34654
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**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 registering) 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MALONEY, FRANCIS J 7726 LITTLE RD. NEW PORT RICHEY, FL 34645
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MALONEY, KATHLEEN P 7726 LITTLE RD NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/15/06-80036-005 150.00

DO NOT WRITE

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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(FRANCIS J. MALONEY)

1/25/06

717-899-2245