


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # J69578	
1. Entity Name LIBERTY BAIL BONDS, INC.	

Principal Place of Business LIBERTY BAIL BONDS, INC 355 E MONROE ST JACKSONVILLE, FL 32202 US	Mailing Address LIBERTY BAIL BONDS INC 355 E. MONROE ST. JACKSONVILLE, FL 32202 US
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03152004 No Chg-P CR2E034 (10/03)

4. FCI Number 59-2828404	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CLARKE, GILBERT R. 7630 WINDWARD WAY W JACKSONVILLE, FL 32256
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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 _____
Signature, typed or printed name of registered agent and title (also date) (NOTE: Register of Agents signature required when initialing) DATE

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

U00000090811
03/17/04-80034-005 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CLARKE, GILBERT R. 7630 WINDWARD WAY W JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV CLARKE, KATHLEEN S. 7630 WINDWARD WAY W. JACKSONVILLE, FL
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**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)(c), 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: Gilbert R. Clarke GILBERT R. CLARKE 3/16/04-904-634-001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day to Phone