

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90177 029 ***150.00

DOCUMENT # L25136

1. Entity Name
GREEN COVE SPRINGS BAIL BONDS, INC.



Principal Place of Business 1045 N. ORANGE AVE. STE. 2 GREEN COVE SPRINGS, FL 32043 US	Mailing Address 1045 N. ORANGE AVE. STE. 2 GREEN COVE SPRINGS, FL 32043 US
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40078681



2. Principal Place of Business 914 N. ORANGE AVE.	3. Mailing Address 914 N. ORANGE AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04252006 Chg-P CR2E034 (11/05)

City & State GREEN COVE SPRINGS, FL	City & State GREEN COVE SPRINGS, FL
Zip 32043	Country USA
Zip 32043	Country USA

4. FEI Number
59-2977743

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SECHREST, LARRY K
1045 NORTH ORANGE AVENUE
GREEN COVE SPRINGS, FL 32043**

7. Name and Address of New Registered Agent

Name
KATHERINE SIEVERS

Street Address (P.O. Box Number is Not Acceptable)
914 N. ORANGE AVENUE

City
GREEN COVE SPRINGS **FL** Zip Code
32043

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 if applicable. (NOTE: Registered Agent signature required when reinstating) 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 P	<input type="checkbox"/> Delete
NAME SIEVERS, KATHERINE D	
STREET ADDRESS 1700 IDLEWILD AVENUE	
CITY-ST-ZIP GREEN COVE SPRGS, FL 32043	

TITLE V	<input type="checkbox"/> Delete
NAME SIEVERS, KATHERINE D	
STREET ADDRESS 1700 IDLEWILD AVENUE	
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 another like empowered.

SIGNATURE: *Katherine Sievers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06
Date

904-284-6144
Daytime Phone: #