

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L25136

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** GREEN COVE SPRINGS BAIL BONDS, INC.

**Current Principal Place of Business:**

914 N ORANGE AVE  
GREEN COVE SPRINGS, FL 32043 US

**New Principal Place of Business:**

**Current Mailing Address:**

914 N ORANGE AVE  
GREEN COVE SPRINGS, FL 32043 US

**New Mailing Address:**

**FEI Number:** 59-2977743      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIEVERS, KATHERINE  
914 N ORANGE AVE  
GREEN COVE SPRINGS, FL 32043 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SIEVERS, KATHERINE D  
Address: 914 NORTH ORANGE AVENUE  
City-St-Zip: GREEN COVE SPRGS, FL 32043

Title: V  
Name: SIEVERS, KATHERINE D  
Address: 914 NORTH ORANGE AVENUE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHERINE D. SIEVERS

PRES

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date