2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000003341

1. Entity Name
SEMINOLE COUNTY BAIL BOND ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 29 AM 7:10

04/12/05 90121029 # 61.25

Principal Place of Business	Mailing Address
1610 TROPIC PARK DRIVE SANFORD, FL 32773	1610 TROPIC PARK DRIVE SANFORD, FL 32773

DO NOT WRITE IN THIS SPACE

04062005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3640055

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, MICHAEL
1610 TROPIC PARK DRIVE
SANFORD, FL 32773

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 reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, MICHAEL
STREET ADDRESS	1610 TROPIC PARK DRIVE
CITY-ST-ZIP	SANFORD, FL 32779
TITLE	VTD
NAME	DIAZ, EMILY
STREET ADDRESS	2621 S. ORLANDO DR., #9
CITY-ST-ZIP	SANFORD, FL 32773
TITLE	SD
NAME	MAY, LUVENIA
STREET ADDRESS	2621 S. ORLANDO DR., #6
CITY-ST-ZIP	SANFORD, FL 32773
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(i), 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 617, 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: Emily Diaz Emily Diaz 4/6/05 4074821842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #