


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2008 8:00 am
Secretary of State

08-15-2008 90001 029 ****70.00

DOCUMENT # N07000007412	
1. Entity Name PASCO COUNTY BAIL AGENTS ASSOCIATION, INC.	

Principal Place of Business 37806 SR 54 SUITE H ZEPHYRHILLS, FL 33542 US	Mailing Address 37806 SR 54 SUITE H ZEPHYRHILLS, FL 33542 US
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40113568



2. Principal Place of Business - No P.O. Box # 7726 LITTLE RD	3. Mailing Address 7726 LITTLE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

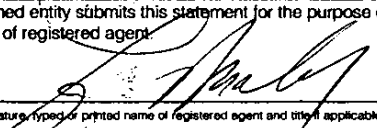
08112008 Chg-NP ,CR2E037 (12/06)

City & State NEW PORT RICHEY, FL	City & State NEW PORT RICHEY, FL
Zip 34654	Country USA

4. FEI Number 26-0604109	Applied For <input type="checkbox"/> Not Applicable
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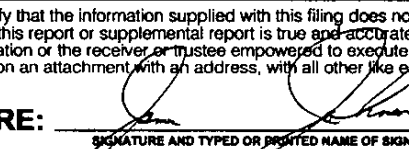
6. Name and Address of Current Registered Agent MALONEY, FRANCIS 7726 LITTLE ROAD NEW PORT RICHEY, FL 34638	
7. Name and Address of New Registered Agent Name NA Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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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 8/12/08
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, FRANKLIN P II 37806 SR 54 ZEPHYRHILLS, FL 33542 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HINSON, FRED 5117 SR 54 NEW PORT RICHEY, FL 34652 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HINSON, FRED 5117 SR 54 NEW PORT RICHEY, FL 34652 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MALONEY, FRANCIS 7726 LITTLE RD NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CORNELL, MARTHA 18899 SR 52 LAND O' LAKES, FL 34638 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA JOHNSON, JAMES 7726 LITTLE ROAD NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAA MCFADDEN, JAMES 7337 LITTLE ROAD NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: 	Date 8/12/08 Daytime Phone # 722 992 8418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	