

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90162 012 ***158.75

DOCUMENT # P00000016159

1. Entity Name
INTEGRITY BAIL BONDS, INC.



Principal Place of Business
**12011 49TH ST. NORTH
CLEARWATER, FL 33762**

Mailing Address
**12011 49TH ST. NORTH
CLEARWATER, FL 33762**

50024639



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3616838

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEFTWICH, MATTHEW F
12011 49TH ST. NORTH
CLEARWATER, FL 33762**

Name **Todd H. JAMES**

Street Address (P.O. Box Number is Not Acceptable)

12011 49TH ST. (N)

City **CLEARWATER**

FL

Zip Code
33762

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

Todd H. James

Todd H. JAMES (PRESIDENT)

1-5-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **LEFTWICH, MATTHEW F**
STREET ADDRESS **12011 49TH ST. NORTH**
CITY-ST-ZIP **CLEARWATER, FL 33762**

TITLE **SECT. + TREASURER** ☐ Change ☒ Addition
NAME **SUSAN L. JAMES**
STREET ADDRESS **12011 49TH ST. (N)**
CITY-ST-ZIP **CLEARWATER, FL 33762**

TITLE **D** ☐ Delete
NAME **JAMES, TODD H**
STREET ADDRESS **12011 49TH ST. NORTH**
CITY-ST-ZIP **CLEARWATER, FL 33762**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Todd H. James

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-05 (727)-592-0744

Date

Daytime Phone #