



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90200 020 ***150.00

DOCUMENT # P00000112146 1. Entity Name AAA BULLDOG BAIL BONDS AGENCY, INC.					
Principal Place of Business 491 S. FERDON BOULEVARD CRESTVIEW, FL 32536			Mailing Address 491 S. FERDON BOULEVARD CRESTVIEW, FL 32536		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04252006 Chg-P CR2E034 (11/05)	
Zip Country		Zip Country		4. FEI Number 59-3700933	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NORMAN, WILLIAM C 491 S. FERDON BOULEVARD CRESTVIEW, FL 32536			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u><i>William C Norman</i></u> DATE <u>4-25-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE V <input type="checkbox"/> Delete NAME NORMAN, WILLIAM C STREET ADDRESS 116 WEDGEWOOD CT CITY-ST-ZIP CRESTVIEW, FL 32536			TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Norman, William C STREET ADDRESS 116 Wedgewood CT CITY-ST-ZIP CRESTVIEW FL 32536		
TITLE P <input type="checkbox"/> Delete NAME NORMAN, GENERA R STREET ADDRESS 116 WEDGEWOOD CT CITY-ST-ZIP CRESTVIEW, FL 32536			TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Norman, Genera R. STREET ADDRESS 116 Wedgewood CT CITY-ST-ZIP CRESTVIEW FL 32536		
TITLE <input type="checkbox"/> Delete 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"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete 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 all other like empowered.					
SIGNATURE: <u><i>William C Norman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4-25-06</u> Daytime Phone # <u>850 689-0188</u>	