


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000038622 1. Entity Name SANFORD BAIL BONDS, INC.	
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Principal Place of Business 2621 SOUTH ORLANDO DRIVE SUITE 9 SANFORD, FL 32773	Mailing Address 2621 SOUTH ORLANDO DRIVE SUITE 9 SANFORD, FL 32773
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DO NOT WRITE IN THIS SPACE



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3728137	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

MONCRIEF, RUSSELL BRUCE
3910 SOUTH JOHN YOUNG PARKWAY
ORLANDO, FL 32839

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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 reconstituting)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONCRIEF, RUSSELL BRUCE 3910 SOUTH JOHN YOUNG PARKWAY ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, EMILY 2621 SOUTH ORLANDO DRIVE SUITE 9 SANFORD, FL 32773
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04/09/05-80030-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Emily Diaz Emily Diaz 4-16-05 407-302-6538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone if