

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90092 022 \*\*\*150.00

<b>DOCUMENT # P01000038622</b> 1. Entity Name <b>SANFORD BAIL BONDS, INC.</b>			
Principal Place of Business <b>2621 SOUTH ORLANDO DRIVE SUITE 9 SANFORD, FL 32773</b>		Mailing Address <b>2621 SOUTH ORLANDO DRIVE SUITE 9 SANFORD, FL 32773</b>	
2. Principal Place of Business - No P.O. Box # <b>4195 S. ORLANDO DR</b>		3. Mailing Address <b>4195 S ORLANDO DR</b>	
Suite, Apt. #, etc. <b>B</b>		Suite, Apt. #, etc. <b>B</b>	
City & State <b>SANFORD FL</b>		City & State <b>SANFORD FL</b>	
Zip <b>32773</b>		Zip <b>32773</b>	
Country <b>SEMMOLE</b>		Country <b>SEMMOLE</b>	
4. FEI Number <b>59-3728137</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MONCRIEF, RUSSELL BRUCE 3910 SOUTH JOHN YOUNG PARKWAY ORLANDO, FL 32839</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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>Emily Curtiss</i></u> (NOTE: Registered Agent signature required when re-attesting) DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONCRIEF, RUSSELL BRUCE 3910 SOUTH JOHN YOUNG PARKWAY ORLANDO, FL 32839 <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	D DIAZ, EMILY 2621 SOUTH ORLANDO DRIVE SUITE 9 SANFORD, FL 32773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>EMILY CURTISS</i> <b>4195 S ORLANDO DR SUITE B SANFORD FL 32773</b> <input checked="" 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
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
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
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 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>Emily Curtiss</i></u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Emily Curtiss</b>	
Date <b>4:30 07</b>		Daytime Phone # <b>407 302 6533</b>	