


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90203 023 ***150.00

DOCUMENT # P02000035953 1. Entity Name A1 HURST & PARRISH BAIL BONDS, INC.					
Principal Place of Business 3620 EMERSON ST JACKSONVILLE, FL 32207			Mailing Address PO BOX 17282 JACKSONVILLE, FL 32245-7282		
2. Principal Place of Business - No P.O. Box # 1646 EMERSON ST.		3. Mailing Address 469 NIGHTINGALE RD.			
Suite, Apt. #, etc. SUITE C		Suite, Apt. #, etc.			
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL		4. FEI Number 71-0873788	
Zip 32207		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32207		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HURST, CHARLES K 4003 SKYCREST DR JACKSONVILLE, FL 32246			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 469 NIGHTINGALE RD City JACKSONVILLE FL Zip Code 32216		
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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: <u><i>Charles K Hurst</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div> 2-29-08 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HURST, CHARLES K 4003 SKY CREST JACKSONVILLE, FL 32246	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 469 NIGHTINGALE RD JACKSONVILLE, FL 32216		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HURST, PAMELA 4003 SKYCREST DR JACKSONVILLE, FL 32246	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 469 NIGHTINGALE RD JACKSONVILLE, FL 32216		
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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>Charles K Hurst</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>President</i></u> <small>DATE</small> 2-29-08 904-813-1596 <small>Daytime Phone #</small>		