

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000078630

1. Entity Name

HELP BAIL BONDS, INC.



FILED

2008 MAR -5 PM 12: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1st MOORE

CR2E034 (10/07)

Principal Place of Business

4707 140TH AVENUE NORTH
SUITE 113
CLEARWATER FL 33762

Mailing Address

4707 140TH AVENUE NORTH
SUITE 113
CLEARWATER FL 33762

2. Principal Place of Business - New Office # 1003 Principal Address

5610 Roosevelt Blvd. Clearwater, Florida 33760

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, Florida

Clearwater, Florida

Zip

33760

Country

Zip

33760

Country

4. FEI Number

51-0416203

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22 ST 4 FLR
MIAMI FL 33145

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

Signature, typed or printed name of registered agent and title. (Applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPST ☐ Delete
NAME LOWMAN, DAVID L
STREET ADDRESS 6213 12TH AVE. SOUTH
CITY-ST-ZIP GULF PORT FL 33707

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5610 Roosevelt Blvd.
CITY-ST-ZIP Clearwater, Florida 33760

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 6001 20097956
CITY-ST-ZIP 03/12/08--01026--012 **150.00

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

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

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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 exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-13-08

(727)535-2999

Date

Daytime Phone #