

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90125 035 ***150.00

DOCUMENT # P03000014378

1. Entity Name

A1 BONDING AGENCY INC.



Principal Place of Business

220 S.E. 12 ST.
FORT LAUDERDALE FL 33316

Mailing Address

220 S.E. 12 ST.
FORT LAUDERDALE FL 33316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FET Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEPPARD, WILLIAM I
220 S.E. 12 ST.
FORT LAUDERDALE FL 33316

Name **SEAN MILLMAN**

Street Address (P.O. Box Number is Not Acceptable)

220 S.E. 12 STREET

City **FORT LAUDERDALE**

FL

Zip Code

33316

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

Seán Millman

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

2/17/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **SHEPPARD, WILLIAM I**
STREET ADDRESS **220 S.E. 12 ST.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **SEAN MILLMAN** ☐ Change ☒ Addition
NAME **SEAN MILLMAN**
STREET ADDRESS **220 S.E. 12 STREET**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

TITLE **VP** ☒ Delete
NAME **SHEPPARD, KELLY S**
STREET ADDRESS **220 S. E. 12 ST.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP ☐ Delete

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

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:

Seán Millman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/06 (954) 306-0990

Date

Daytime Phone #