

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

3/31

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90037 015 \*\*\*158.75

<b>DOCUMENT # P03000039947</b> 1. Entity Name <b>24/7 SURETY BONDS, INC.</b>					
Principal Place of Business <b>424 SOUTH CONGRESS AVENUE SUITE 3 WEST PALM BEACH FL 33406</b>			Mailing Address <b>424 SOUTH CONGRESS AVENUE SUITE 3 WEST PALM BEACH FL 33406</b>		
2. Principal Place of Business <b>1709 ISRAEL RD SUITE 2</b>		3. Mailing Address <b>4700 LUCERNE LAKES BLVD SUITE 204</b>			
City & State <b>WEST PALM BEACH, FL</b>		City & State <b>LAKE WORTH, FL</b>		4. FEI Number <b>33-1055131</b>	
Zip <b>33406</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HELGESEN, ANDREW 11380 PROSPERITY FARMS ROAD SUITE 201 PALM BEACH GARDENS FL 33410</b>				7. Name and Address of New Registered Agent Name <b>TERRANCE M'GUIRE</b> Street Address (P.O. Box Number is Not Acceptable) <b>4700 LUCERNE LAKES BLVD SUITE 204 LAKE WORTH, FL 33467</b>	
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>Terrance M'Guire, Director</u> DATE <u>2/28/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>D</b> <input checked="" type="checkbox"/> Delete NAME <b>NEFZGER, MICHAEL A</b> STREET ADDRESS <b>424 SOUTH CONGRESS AVENUE SUITE 3</b> CITY-ST-ZIP <b>WEST PALM BEACH FL 33406</b>			TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>TERRANCE M'GUIRE</b> STREET ADDRESS <b>4700 LUCERNE LAKES BLVD #204</b> CITY-ST-ZIP <b>LAKE WORTH, FL 33406</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Terrance M'Guire</u> <b>TERRANCE M'GUIRE</b> <u>4/20/04</u> <u>561-964-6628</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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MOORE CR2E034 (11/03)