2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005
Secretary of State

DOCUMENT# P04000072946

Entity Name: BAIL BONDS OF FLORIDA, INC.

Current Principal Place of Business:

3780 W. GULF TO LAKE HWY.
LECANTO, FL 34461 US

New Principal Place of Business:

P.O. BOX 849
CRYSTAL RIVER, FL 344230849 US

Current Mailing Address:

P.O. BOX 849
CRYSTAL RIVER, FL 344230849 US

New Mailing Address:

FEI Number: 90-0217020 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARGREAVES, CHARLOTTE G
3780 W. GULF TO LAKE HWY.
LECANTO, FL 34461 US

Name and Address of New Registered Agent:

HARGREAVES, CHARLOTTE G
P.O. BOX 849
CRYSTAL RIVER, FL 344230849 US

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.

SIGNATURE: 04/16/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HARGREAVES, CHARLOTTE G
Address: 3780 W. GULF TO LAKE HWY
City-St-Zip: LECANTO, FL 34461 US

Title: VP ( ) Delete
Name: HARGREAVES, JOHN H JR.
Address: 3780 W. GULF TO LAKE HWY.
City-St-Zip: LECANTO, FL 34461 US

Title: S/TR ( ) Delete
Name: HARGREAVES, CHARLOTTE G
Address: 3780 W. GULF TO LAKE HWY
City-St-Zip: LECANTO, FL 34461 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HARGREAVES, CHARLOTTE G
Address: P.O. BOX 849
City-St-Zip: CRYSTAL RIVER, FL 344230848 US

Title: VP (X) Change ( ) Addition
Name: HARGREAVES, JOHN H JR.
Address: P.O. BOX 849
City-St-Zip: CRYSTAL RIVER, FL 344230849 US

Title: S/TR (X) Change ( ) Addition
Name: HARGREAVES, CHARLOTTE G
Address: P.O. BOX 849
City-St-Zip: CRYSTAL RIVER, FL 344230849 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLOTTE G. HARGREAVES PRES 04/16/2005
Electronic Signature of Signing Officer or Director — Date