


FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90031 042 ***150.00

2007 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04000088180			
1. Entity Name KING BAIL BONDS INC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 4195 SCORANNO DR STE B		3. Mailing Address SIAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SANFORD, FL		City & State	
Zip 32773	Country	Zip	Country
4. FEI Number 20-5515268		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent			
Name PATTI LEVIN EA			
Street Address (P.O. Box Number is Not Acceptable) 1850 MT HOMER RD STE 3			
City EUSTIS		FL Zip Code 32726	
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 Patti Levin EA (NOTE: Registered Agent signature required when reinstating) DATE			
January 1 - May 1: Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP PD MELISSA KING #3043RD ST DELANDO, FL 32839		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all online empowered.			
SIGNATURE: Patti Levin EA		Date 5/1/07 (352) 357-0007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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