

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000041604

1. Entity Name
GLADES ARES BAIL BONDS, INC



FILED

06 JAN 24 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
36 E HICKPOOCHEE AVE
LABELLE, FL

Mailing Address
36 E HICKPOOCHEE AVE
LABELLE, FL

2. Principal Place of Business

36 E. Hickpoochee Ave. P.O. Box 2445

3. Mailing Address

Suite, Apt. #, etc.

01062006 Chg-P CR2E034 (11/05)

City & State
Labelle, FL

City & State
Labelle, FL

4. FEI Number
201348898

Applied For
Not Applicable

Zip
33935

Country
USA

Zip
33975

Country
USA

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

JAMESON, KIRK A
36 E HICKPOOCHEE AVE
LABELLE, FL

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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 PSVT ☐ Delete
NAME JAMESON, KIRK
STREET ADDRESS P.O. BOX 2445
CITY-ST-ZIP LABELLE, FL 33975

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

TITLE D ☐ Delete
NAME JAMESON, KIRK
STREET ADDRESS P.O. BOX 2445
CITY-ST-ZIP LABELLE, FL 33975

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

1-10-06

Date

Daytime Phone #

863-674-1110