

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90057 005 ***150.00

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1. Entity Name

GLADES ARES BAIL BONDS, INC



Principal Place of Business

36 E HICKPOOCHEE AVE
LABELLE FL 33935
US

Mailing Address

P.O. BOX 2445
LABELLE FL 33975
US



2. Principal Place of Business - No P.O. Box #

36 E. Hickpoochee Ave.

3. Mailing Address

P.O. Box 2445

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Labelle, FL

City & State

Labelle, FL

4. FEI Number

20-1348898

Applied For

Not Applicable

Zip

33935

Country

US

Zip

33975

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAMESON, KIRK A
36 E HICKPOOCHEE AVE
LABELLE FL

7. Name and Address of New Registered Agent

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

Kirk Jameson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

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

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

TITLE
NAME
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CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

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:

Kirk Jameson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #