

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000045921

**FILED**  
**Mar 05, 2009**  
**Secretary of State**

**Entity Name:** GAILS BONDING AGENCY, INC.

**Current Principal Place of Business:**

77 ALMERIA STREET  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

141 MASTERS DRIVE  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

P.O. BOX 4050  
ST. AUGUSTINE, FL 320854050

**New Mailing Address:**

**FEI Number:** 20-2580487      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HALL, CHARLES E  
77 ALMERIA STREET  
ST. AUGUSTINE, FL 32084      US

**Name and Address of New Registered Agent:**

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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DPT      ( ) Delete  
**Name:** SMITH, SONDR A  
**Address:** 141 MASTERS DRIVE  
**City-St-Zip:** ST. AUGUSTINE, FL 32084

**Title:** DVS      (X) Delete  
**Name:** SMITH, STEPHEN L  
**Address:** 137 MASTERS DR  
**City-St-Zip:** ST. AUGUSTINE, FL 32084

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PSTD      (X) Change ( ) Addition  
**Name:** SMITH, STEPHEN L  
**Address:** 141 MASTERS DRIVE  
**City-St-Zip:** ST AUGUSTINE, FL 32084

**Title:**      ( ) Change ( ) Addition  
**Name:**      ( ) Change ( ) Addition  
**Address:**      ( ) Change ( ) Addition  
**City-St-Zip:**      ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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:** STEPHEN L SMITH

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PSTD

03/05/2009

\_\_\_\_\_  
Date