

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000045043

Entity Name: BC BAIL BONDS, INC.

FILED  
Jul 29, 2009  
Secretary of State

## Current Principal Place of Business:

244 NW WILSON STREET  
LAKE CITY, FL 32055

## New Principal Place of Business:

## Current Mailing Address:

244 NW WILSON STREET  
LAKE CITY, FL 32055

## New Mailing Address:

FEI Number: 26-1389321

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WATERS, MARVYNE  
1453 NW LAKE JEFFERY RD  
LAKE CITY, FL 32055 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEOP ( ) Delete  
Name: WATERS, THERON  
Address: 1453 NW LAKE JEFFERY RD  
City-St-Zip: LAKE CITY, FL 32055

Title: VP ( ) Delete  
Name: WATERS, MARVYNE A  
Address: 822 NW SPRINGDALE GLN  
City-St-Zip: LAKE CITY, FL 32055

Title: S ( ) Delete  
Name: CARTER, MARGARET E  
Address: 1453 NW LAKE JEFFERY RD  
City-St-Zip: LAKE CITY, FL 32055

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: MARVYNE WATERS

VP

07/29/2009

Electronic Signature of Signing Officer or Director

Date