


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000094074		
1. Entity Name PRESTIGE BAILBONDS INC.		

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JUN -1 AM 10:16

Principal Place of Business 1001 CAPITAL CIRCLE NE #5 TALLAHASSEE, FL 32308	Mailing Address 4512 LOST PINE DRIVE TALLAHASSEE, FL 32305
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2. Principal Place of Business - No P.O. Box # 541 E. Tennessee Street		3. Mailing Address	
Suite, Apt. #, etc. 13		Suite, Apt. #, etc.	
City & State Tallahassee, Florida		City & State	
Zip 32308	Country USA	Zip	Country

06012007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5760297	Applied For Not Applicable
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5. Certificate of Status Desired	\$8.75 Additional Fee Required
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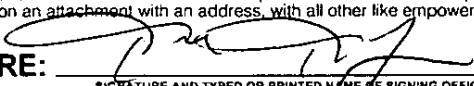
6. Name and Address of Current Registered Agent KNIGHT, KARL L 4512 LOST PINE DRIVE TALLAHASSEE, FL 32305	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	DATE

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNIGHT, KARL L 4512 LOST PINE DRIVE TALLAHASSEE, FL 32305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FULLER, COREY B 7066 SHADY GROVE WAY TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700103714517 06/01/07--01023--001 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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	Date 6/1/07 Daytime Phone # (904) 386-2245