
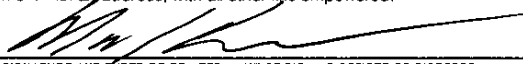


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90035 015 ***150.00

DOCUMENT # P06000122190 1. Entity Name BAIL BONDS BY MARK HARRIS INC.																							
Principal Place of Business 4592 HIGHWAY 83 NORTH DEFUNIAK SPRINGS, FL 32433			Mailing Address 4592 HIGHWAY 83 NORTH DEFUNIAK SPRINGS, FL 32433																				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																				
4. FEI Number 61-1507143			Applied For <input type="checkbox"/> Not Applicable																				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			04242008 Chg-P CR2E034 (12/06)																				
6. Name and Address of Current Registered Agent HARRIS, MARK 179 NORTH NINTH STREET DEFUNIAK SPRINGS, FL 32433				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>HARRIS, MARK</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>179 NORTH NINTH STREET DEFUNIAK SPRINGS, FL 32433</td> <td></td> </tr> </table>			TITLE	NAME	Delete	STREET ADDRESS	HARRIS, MARK		CITY-ST-ZIP	179 NORTH NINTH STREET DEFUNIAK SPRINGS, FL 32433		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>Harris, Mark</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>246 Via International Defuniak Springs, FL 32435</td> <td></td> </tr> </table>			TITLE	NAME	Change Addition	STREET ADDRESS	Harris, Mark	<input checked="" type="checkbox"/> <input type="checkbox"/>	CITY-ST-ZIP	246 Via International Defuniak Springs, FL 32435	
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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: 				5-1-8 850-951-2575																			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #																			