

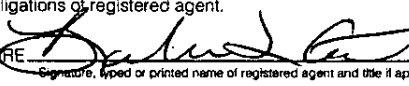
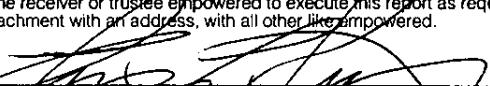


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90057 007 ***150.00

DOCUMENT # P07000014704							
1. Entity Name SMITTY'S BAIL BONDS, INC.							
Principal Place of Business 7817 LAUREL VIEW DRIVE MT DORA, FL 32757			Mailing Address 7817 LAUREL VIEW DRIVE MT DORA, FL 32757				
2. Principal Place of Business - No P.O. Box # 1313 S. Washington #B		3. Mailing Address 1313 S. Washington					
Suite, Apt. #, etc. B		Suite, Apt. #, etc. B		03052008 Chg-P CR2E034 (12/06)			
City & State Titusville, Fla.		City & State Titusville, Fla.		4. FEI Number 59-3546397			
Zip 32780		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MOLLISON, DAVID A 7817 LAUREL VIEW DRIVE MT. DORA, FL 32757			7. Name and Address of New Registered Agent Name: Barbara Culbreth Street Address (P.O. Box Number is Not Acceptable): 4650 Nicole Ave. City: Cocoa FL Zip Code: 32927				
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: 		Signature, typed or printed name of registered agent and title if applicable.		Signature: Barbara L. Culbreth DATE: 3/6/08			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE P	NAME MOLLISON, DAVID A		<input checked="" type="checkbox"/> Delete	TITLE PTS	NAME Culbreth, Thomas		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7817 LAUREL VIEW DRIVE	CITY-ST-ZIP MT. DORA, FL 32757			STREET ADDRESS 4650 Nicole Ave.	CITY-ST-ZIP Cocoa, Fla. 32927		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE D/VP	NAME Barbara Culbreth		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			STREET ADDRESS 4650 Nicole Ave.	CITY-ST-ZIP Cocoa, Fla. 32927		
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
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP		
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			
Thomas L. Culbreth				Date: 3/6/08 Daytime Phone #: 321-385-2245			