

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000076907

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** CORINE'S 24/7 BAIL BONDS, INC.

**Current Principal Place of Business:**

1268 EDGEWOOD AVE  
SUITE 2  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

**Current Mailing Address:**

5439 EMERALD REEF CT  
JACKSONVILLE, FL 32277

**New Mailing Address:**

14014 SUMMER BREEZE DR  
JACKSONVILLE, FL 32218

FEI Number: 65-1311490

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOORE, CORINE  
5439 EMERALD REEF CT  
JACKSONVILLE, FL 32277 US

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

MOORE, CORINE  
14014 SUMMER BREEZE DR  
JACKSONVILLE, FL 32218 US

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: CORINE MOORE

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MOORE, CORINE  
Address: 14014 SUMMER BREEZE DR  
City-St-Zip: JACKSONVILLE, FL 32218

Title: P  
Name: PETERSON, SHERRIA  
Address: 14014 SUMMER BREEZE DR  
City-St-Zip: JACKSONVILLE, FL 32218

Title: ST  
Name: WILSON, DONTRELL  
Address: 14014 SUMMER BREEZE DR  
City-St-Zip: JACKSONVILLE, FL 32218

I hereby 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 all other like empowered.

SIGNATURE: CORINE MOORE

D

04/29/2011

Electronic Signature of Signing Officer or Director

Date