

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P07000090005

1. Entity Name  
I.T.BAIL BOND CO.



**FILED  
Mar 05, 2008 8:00 am  
Secretary of State**

03-05-2008 90027 001 \*\*\*150.00

Principal Place of Business  
5118 N. 56TH ST.  
SUITE 213  
TAMPA, FL 33601

Mailing Address  
5118 N. 56TH ST.  
SUITE 213  
TAMPA, FL 33601

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082008 Chg-P CR2E034 (12/06)

4. FEI Number  
26-0713349

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THORNTON, ANNTIONETTE G  
1108 FENNEL GREEN DR.  
SEFFNER, FL 33584

Name *THORNTON, ANNTIONETTE G.*

Street Address (P.O. Box Number is Not Acceptable)  
*5118 N. 56th St #213*

City *TAMPA*

FL Zip Code  
*33610*

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. (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.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME THORNTON, IRA L JR  
STREET ADDRESS 5118 56TH ST. SUITE 213  
CITY-ST-ZIP TAMPA, FL 33601

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE VP  
NAME THORNTON, ANNTIONETTE G  
STREET ADDRESS 5118 58TH ST. SUITE 213  
CITY-ST-ZIP TAMPA, FL 33601

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

Change  Addition

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STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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: *Elroy Shute L*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-08

813 231-2663  
Daytime Phone #