

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2. Mar 12, 2008 8:00 am
Secretary of State

02-19-2008 90015 022 ***150.00

DOCUMENT # P07000114259					
1. Entity Name SYMONDS BAIL BONDS, INC.					
Principal Place of Business 3049 US HIGHWAY 17 GREEN COVE SPRINGS, FL 32043			Mailing Address 3049 US HIGHWAY 17 GREEN COVE SPRINGS, FL 32043		
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	4. FEI Number 26-1232392	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SYMONDS, STANLEY G 3049 US HIGHWAY 17 GREEN COVE SPRINGS, FL 32043				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 <i>Stanley G Symonds</i> (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	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SYMONDS, STANLEY G		NAME		
STREET ADDRESS	3049 US HIGHWAY 17		STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		CITY-ST-ZIP		
TITLE	VP T	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SYMONDS, RAYMOND W		NAME		
STREET ADDRESS	1852 DENMARK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32003		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			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 <i>Raymond W. Symonds</i>			1-28-08 9045042056		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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