

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P11000086358

**FILED**  
**May 18, 2012**  
**Secretary of State**

**Entity Name:** ASSOCIATES BAIL BONDING AGENCY INC.

**Current Principal Place of Business:**

125 N MARKET STREET  
SUITE B  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

125 N MARKET STREET  
SUITE B  
JACKSONVILLE, FL 32202

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

SUTTLES, MICHAEL W  
125 N. MARKET STREET  
SUITE ~B~  
JACKSONVILLE, FL 32202 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: MICHAEL SUTTLES  
Address: 125 N. MARKET STREET SUITE B  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: CFO  
Name: MICHAEL W SUTTLES  
Address: 125 N. MARKET STREET SUITE B  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: E/A  
Name: WILLIAM SOULE, ( APPLIED SCIENCES )  
Address: 125 N. MARKET STREET SUITE B  
City-St-Zip: JACKSONVILLE, FL 32202 US

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: MICHAEL WESLEY SUTTLES

CFO

05/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date