## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P92000000658

1. Entity Name

JOE FERNANDEZ BAIL BONDS, INC.



FILED Mar 19, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1520 ORIENT ROAD TAMPA, FL 33619 1520 ORIENT ROAD TAMPA, FL 33619 US



DO NOT WRITE IN THIS SPACE

03142007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-3146865 Not Applicable

5. Certificate of Status Desired \$8.75 Additional

6. Name and Address of Current Registered Agent

FERNANDEZ, JOE 1520 ORIENT ROAD TAMPA, FL 33619

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or i	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registated agent and tritle if applicable. (NOTE: Registated Agent algoriture required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000000671199 03/28/07-80019-008 150.00
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, JOE 1520 ORIENT RD. TAMPA, FL 33619	:	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY+ST+ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 POPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3- 14-07 (813)*630-00*00

Daytime Phone #