


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # P92000005937 1. Entity Name WAY BAIL BOND, INC.	
---	---

Principal Place of Business 2600 N. PALAFOX STREET PENSACOLA, FL 32501	Mailing Address 2600 N. PALAFOX STREET PENSACOLA, FL 32501
--	--



04032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3152197	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAY, JR, JAMES E DP
5291 DEER CREEK DR
PACE, FL 32571

**DO NOT WRITE
IN THIS SPACE**

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)

4/3/07
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WAY, JR, JAMES E DP 5291 DEER CREEK DRIVE PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WAY, JR, JAMES E VD 5291 DEER CREEK DRIVE PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BATTAGLIA, KARI A 408 LABREE RD PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000691859
04/13/07-80027-018 158.75

**DO NOT WRITE
IN THIS SPACE**

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/07 (833) 433-5717
Date Daytime Phone #