


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90033 001 ***150.00

DOCUMENT # P95000009628	
1. Entity Name CHUCK'S BAIL BONDS, INC.	

Principal Place of Business 1093 HWY 19 N PALATKA FL 32177 US	Mailing Address 1093 HWY 19 N PALATKA FL 32177 US
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2. Principal Place of Business - No P.O. Box # 1700 N. ST. RD. 19	3. Mailing Address 1700 N. ST. RD. 19
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State PALATKA FL.	City & State PALATKA FL.
Zip 32177	Zip 32177
Country	Country

4. FEI Number 59-3296815	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent INGRAM, DALE 1093 HWY 19 NORTH PALATKA FL 32177	
7. Name and Address of New Registered Agent Name INGRAM, DALE Street Address (P.O. Box Number is Not Acceptable) 1700 N. ST. RD. 19 City PALATKA FL 32177	

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 _____ (NOTE: Registered Agent signature required when replacing)
Signature, typed or printed name of registered agent and title (if applicable) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGRAM, DALE 140 GREEN LANE HOLLISTER FL 32147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Dale Ingram **3.1.08** **386.325.1345**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #