

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 03, 2005 08:00 AM
Secretary of State**

DOCUMENT # P95000050626

1. Entity Name
MAGIC BAIL BONDS, INC.



Principal Place of Business
**1610 TROPIC PARK DR.
SANFORD, FL 32773**

Mailing Address
**3708 S JOHN YOUNG PKWY
STE N1
ORLANDO, FL 32839 US**



05022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0595410

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GOODMAN, MARK
3708 S JOHN YOUNG PKWY
STE N1
ORLANDO, FL 32839**

**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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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
**D
GOODMAN, MARK
3708 S JOHN YOUNG PARKWAY, STE N1
ORLANDO, FL 32839**

TITLE
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05/05/05-80018-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

MARK GOODMAN

5-205

407 423-7827

Date

Daytime Phone