2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment

SIGNATURE

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FILED Apr 27, 2007 08:00 A Secretary of State **DOCUMENT # P96000088413** DAVIS BAIL BONDS, INC. Principal Place of Business Mailing Address 804 NW 30TH AVE 804 NW 30TH AVE OCALA, FL 34475 OCALA, FL 34475 US 04232007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3437791 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GILL, SR DO NOT WRITE 613 SE FT KING STREET OCALA, FL 34478-0337 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 algorature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. MILE DAVIS, JO ANN R NAME 215 S.W. 72ND PLACE STREET ADDRESS CITY-ST-ZIP OCALA, FL 34476 05/11/07-80010-002 150.do TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP 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 pusted embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if