

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000027487

Entity Name: ABAGAIL BAIL BONDS, INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

10942 STATE RD. 52
HUDSON, FL 34669 US

New Principal Place of Business:

Current Mailing Address:

18899 S R 52
LAND O' LAKES, FL 34638 US

New Mailing Address:

10942 STATE RD. 52
HUDSON, FL 34669 US

FEI Number: 59-3449295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALES, LARRY J
2655 MCCORMICK DR
CLEARWATER, FL 33759 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CORNELL, MARTHA
Address: 18899 SR 52
City-St-Zip: LAND O' LAKES, FL 34638

Title: DST () Delete
Name: MCLAUGHLIN, PAMELA
Address: 18899 S R 52
City-St-Zip: LAND O' LAKES, FL 34638

Title: D () Delete
Name: MONTENARE, RUSSELL
Address: 18899 SR 52
City-St-Zip: LAND O' LAKES, FL 34638

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CORNELL, MARTHA
Address: 10942 STATE ROAD 52
City-St-Zip: HUDSON, FL 34669

Title: DST (X) Change () Addition
Name: MCLAUGHLIN, PAMELA
Address: 10942 STATE ROAD 52
City-St-Zip: HUDSON, FL 34669

Title: D (X) Change () Addition
Name: MONTENARE, RUSSELL
Address: 10942 STATE ROAD 52
City-St-Zip: HUDSON, FL 34669

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA E. CORNELL

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date