

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000020429 1. Entity Name BAILBONDS BY THE WHITMANS, INC.					
Principal Place of Business 19553 NW 2 AVE, STE 215 MIAMI FL 33169			Mailing Address 19553 NW 2 AVE, STE 215 #2 MIAMI FL 33169		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Name Street Address (P.O. Box Number is Not Acceptable) City State Zip			Name Joshua Fisher Street Address (P.O. Box Number is Not Acceptable) 80 NE 168 ST City Norfolk Miami Beach FL 33162		
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 Joshua Fisher <i>[Signature]</i> 6/6/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fee:		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WHITMAN, ARTHUR 19553 NW 2ND AVE, STE 215 MIAMI FL 33169		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WHITMAN, HOPE T 10 NE 193 TERR. MIAMI FL 33179		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
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: <i>[Signature]</i>			03-19-07 305-931-2267		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

FILED

07 JUN 20 PM 3:46

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



05-21-07 90052 006 \$150.00
1st MOORE CR2E034 (10/06)

4. FEI Number 65-0823507 ☐ Applied For ☐ Not Applied

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State
Zip

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Debit Phone #