2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 31, 2008 08:00 AN **DOCUMENT # P98000029713** 1. Entity Name Secretary of State RICO REED BAIL BONDS, INC. Principal Place of Business Mailing Address 240 NORTH BROADWAY AVE. 240 NORTH BROADWAY AVE. BARTOW FL 33830 BARTOW FL 33830 2. Principal Place of Business - No P.O. Box # 3. Mailing Adarass Suite. Apt. #; etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-3506677 Not Applicable Ζıp Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REED, RONALD R Street Address (P.O. Box Number is Not Acceptable) 6155 S. FLORIDA AVE., SUITE 7 LAKELAND FL 33813 City Zip Code 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, lyped or connect name of puristored sheet and the it spoil cable (NOTE: Registered Aprel & posture registers whos reinstalling DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trus: Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change Deicte ☐ Addition NAME REED, RONALD R NAME STREET ADDRESS 6155 S FLORIDA AVE STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33813 CITY-ST-ZIP TITLE Derete TITLE ☐ Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-712 CITY-ST-ZIP 100000809395 □ Change □ 02/08/08-80020-017 150.00 ■ Addition ☐ Derete DITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THUE THEE ☐ Addition ☐ Change MAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP De ele Change Addition TITLE HILL MAME NAME STREET ADDRESS STREET ADORESS CHY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Agaition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY+SI-ZIP 12. Thereby certify that the information supplied with this filling 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.

SIGNING OFFICER OR DIRECTOR

Davishie Phone #