

2006 FOR PROFIT CORPORATION ANNUAL REPORT


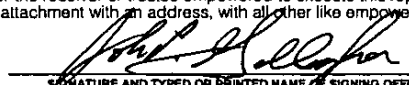
FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90358 012 ***150.00

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03222006 Chg-P CR2E034 (11/05)

DOCUMENT # P98000041697					
1. Entity Name FLORIDA NOTARY SERVICE AND BONDING, INC.					
Principal Place of Business 550 HULET DR. SUITE 105 BLOOMFIELD HILLS, MI 48302			Mailing Address 550 HULET DR. SUITE 105 BLOOMFIELD HILLS, MI 48302		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 38-3420405	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MANG, DOUGLAS A 660 E JEFFERSON ST TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLAGHER, PATRICK J 300 ENTERPRISE CT, SUITE 200-A BLOOMFIELD HILLS, MI 48302 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 550 HULET DR, SUITE 105 BLOOMFIELD HILLS, MI 48302		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLAGHER, KATHLEEN A 300 ENTERPRISE CT, SUITE 200-A BLOOMFIELD HILLS, MI 48302 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 550 HULET DR, SUITE 105 BLOOMFIELD HILLS, MI 48302		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLAGHER, JOHN P 300 ENTERPRISE CT, SUITE 200-A BLOOMFIELD HILLS, MI 48302 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 550 HULET DR, SUITE 105 BLOOMFIELD HILLS, MI 48302		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: 		3/28/06 249-332-1800			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			