

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000080901

Entity Name: MYRNA LOY BAIL BONDS, INC.

FILED  
Jan 23, 2008  
Secretary of State

**Current Principal Place of Business:**

1128 NW 31 AVE  
FORT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

936 W TROPICAL WAY  
PLANTATION, FL 33317

**New Mailing Address:**

FEI Number: 65-0866259

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LOY, MYRNA  
936 W TROPICAL WAY  
PLANTATION, FL 33314 US

**Name and Address of New Registered Agent:**

LOY, MYRNA  
936 W TROPICAL WAY  
PLANTATION, FL 33317 US

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

01/23/2008

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: WARD, BEULAH  
Address: 936 W TROPICAL WAY  
City-St-Zip: PLANTATION, FL 33317

Title: SD ( ) Delete  
Name: HOLNESS, PRINCESS  
Address: 935 W. TROPICAL WAY  
City-St-Zip: PLANTATION, FL 33317

Title: TD (X) Delete  
Name: CARTER, KENYA  
Address: 936 W. TROPICAL WAY  
City-St-Zip: PLANTATION, FL 33317

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: LOY, MYRNA  
Address: 936 W TROPICAL WAY  
City-St-Zip: PLANTATION, FL 33317

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MYRNA LOY

Electronic Signature of Signing Officer or Director

P

01/23/2008

Date