
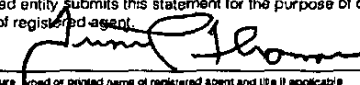



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2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-07-2004 90032 026 ***150.00

DOCUMENT # P99000008036			
1. Entity Name TRINI L. THOMAS BAIL BONDS, INC.			
Principal Place of Business 36154 S GRAYS AIRPORT RD FRUITLAND PARK, FL 34731 1310 B Northshore Dr Leesburg, FL 34748	Mailing Address 36154 S GRAYS AIRPORT RD PO Box 101 FRUITLAND PARK, FL 34731	66414971	
DO NOT WRITE IN THIS SPACE		01222004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3568398 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, TRINI L 36154 S GRAYS AIRPORT RD FRUITLAND PARK, FL 34731		DO NOT WRITE IN THIS SPACE	
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:  Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)		3/17/04 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. O'Quay President THOMAS, TRINI 36154 S GRAYS AIRPORT RD 1310 B Northshore Dr FRUITLAND PARK, FL 34731 Leesburg, FL 34748		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President / Treasurer Thomas, Betty PO Box 101 Fruitland Park, FL 34731		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Betty Thomas		3-17-04 / 352-787-9084	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	