

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2004 8:00 am —
Secretary of State

06-28-2004 90009 009 ***550.00

DOCUMENT # P99000042045

1. Entity Name
GLOBAL SURETIES, INC.



Principal Place of Business
**3000 N PONCE DE LEON BLVD
SUITE 5
SAINT AUGUSTINE, FL 32084**

Mailing Address
**PMB 366
3501-B N. PONCE DELEON BLVD.
SAINT AUGUSTINE, FL 32084**

2. Principal Place of Business
4540 US 1 N Ste 4-B

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St. Augustine, FL

City & State

Zip
32095

Country
USA

Zip

Country

03082004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3572887

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICE, SUZANNE RENEE
**303 D ST 133 Lions Gate Dr.
SAINT AUGUSTINE, FL 32080**

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 Suzanne Renee Rice President

3-12-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
P
RICE, SUZANNE RENEE
303 D ST
ST AUGUSTINE, FL 32080 ☐ Delete

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☐ Change ☐ Addition

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: Suzanne Renee Rice

3-12-04

904-825-1511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #