


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000050139	
1. Entity Name FREEDOM BONDING SURETY, INC.	

Principal Place of Business 306 S. 1ST ST. IMMOKALEE, FL 34142	Mailing Address 495 GOODLETTE RD. NAPLES, FL 34102
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DO NOT WRITE IN THIS SPACE



07122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3582562	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HOUSTON, JOSEPH
495 GOODLETTE RD.
NAPLES, FL 34102

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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 \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000771116 08/01/07-90005-013 550.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOUSTON, JOSEPH 495 GOODLETTE RD. NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOUSTON, EMMA 495 GOODLETTE RD. NAPLES, FL 34102
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Joseph Houston 7/12/07 2397326898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #