

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90008 032 ***150.00

DOCUMENT # S35728

1. Entity Name

ACE BAIL BONDS, INC.



Principal Place of Business

3798 W INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH FL 32124

Mailing Address

P.O. BOX 667
BUNNELL FL 32110-0667



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3065047

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

FOSTER, PATRICK S
1677 NEW TOWN TERR
PORT ORANGE FL 32129

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 PVST ☐ Delete
NAME FOSTER, PATRICK S
STREET ADDRESS 3798 W. INTERNATIONAL SPEEDWAY BLVD.
CITY-ST-ZIP DAYTONA BEACH FL 32124

TITLE P ☒ Change ☐ Addition
NAME THOMAS P MATTHEWS
STREET ADDRESS 5816 JOHN ANDERSON HWY
CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE D ☐ Delete
NAME FOSTER, PATRICK S
STREET ADDRESS 3798 W. INTERNATIONAL SPEEDWAY BLVD.
CITY-ST-ZIP DAYTONA BEACH FL 32124

TITLE S ☒ Change ☐ Addition
NAME THOMAS P MATTHEWS
STREET ADDRESS 5816 JOHN ANDERSON HWY
CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE D ☐ Delete
NAME MATTHEWS, THOMAS P
STREET ADDRESS 5816 JOHN ANDERSON HWY
CITY-ST-ZIP FLAGLER BEACH FL 32124

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Patrick S. Foster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-08

386-437-4357

Date

Daytime Phone #