

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000076907

**Entity Name:** CORINE'S 24/7 BAIL BONDS, INC.

**Current Principal Place of Business:**

1268 EDGEWOOD AVE  
SUITE 2  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

14014 SUMMER BREEZE DR  
JACKSONVILLE, FL 32218

**FEI Number:** 65-1311490

**Certificate of Status Desired:** No

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

MOORE, CORINE  
14014 SUMMER BREEZE DR  
JACKSONVILLE, FL 32218 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            D  
Name            MOORE, CORINE  
Address        14014 SUMMER BREEZE DR  
City-State-Zip: JACKSONVILLE FL 32218

Title            P  
Name            PETERSON, SHERRIA  
Address        14014 SUMMER BREEZE DR  
City-State-Zip: JACKSONVILLE FL 32218

Title            ST  
Name            WILSON, DONTRELL  
Address        14014 SUMMER BREEZE DR  
City-State-Zip: JACKSONVILLE FL 32218

*I hereby 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 all other like empowered.*

**SIGNATURE:** CORINE MOORE

D

04/29/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date