


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90091 024 \*\*\*150.00

<b>DOCUMENT # P06000156922</b>			
1. Entity Name <b>A/1 BAIL BONDS OF CENTRAL FLORIDA INC.</b>			
Principal Place of Business <b>4195 S. ORLANDO DR SANFORD, FL 32773 US</b>		Mailing Address <b>4195 S. ORLANDO DR SANFORD, FL 32773 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P.O. Box 4122</b>	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State <b>Winter Park, FL</b>	
Zip	Country <b>Seminole</b>	Zip <b>32793</b>	Country <b>Orange</b>
6. Name and Address of Current Registered Agent <b>MILLS, ALTON D SR 4195 S. ORLANDO DR SANFORD, FL 32773</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City <b>FL</b>	
Zip Code		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: <i>A.D. Mills</i> <b>A.D. Mills President</b>		DATE: <b>05-01-07</b>	
NOTE: Registered Agent signature required when relocating)		DATE	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
FILE NOW! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P MILLS, ALTON S PRES 4195 S ORLANDO DR SANFORD, FL 32773</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Mills, Alton D Pres</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>A.D. Mills</i> <b>A.D. Mills</b>		DATE: <b>05-01-07</b> 407-324-2663	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	