


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90084 010 ***158.75

DOCUMENT # F00000004773

1. Entity Name
BIO-ONE CORPORATION



Principal Place of Business
**1630 WINTER SPRINGS BLVD.
 WINTER SPRINGS, FL 32708**

Mailing Address
**1630 WINTER SPRINGS BLVD.
 WINTER SPRINGS, FL 32708**

24002941

2. Principal Place of Business
1630 WINTER SPRINGS BLVD

3. Mailing Address
SAME


Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



01052004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0815746

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**NEWMAN, POLLOCK & KLEIN
 2101 N.W. CORPORATE BLVD., #414
 BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name
KIRKPATRICK & LOCKHART

Street Address (P.O. Box Number is Not Acceptable)
201 S. BISCAYNE BLVD., #2000

MIAMI, FL 33131

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 **KIRKPATRICK & LOCKHART** DATE **1/12/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAUPLAISE, ARMAND 1630 WINGTER SPRINGS BLVD. WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEWMAN, IRWIN 2101 N.W. CORPORATE BLVD., #414 BOCA RATON, FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAUPLAISE, ARMAND	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR FRANK CLARK 1630 WINTER SPRINGS BLVD. WINTER SPRINGS, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BERNARD SHINDER 1630 WINTER SPRINGS BLVD WINTER SPRINGS, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ROY LERMAN 1630 WINTER SPRINGS BLVD. WINTER SPRINGS, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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: **Armand Dauplaise (ARMAND DAUPLAISE)** DATE **1/12/04** DAYTIME PHONE # **407-977-1005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR