

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 15, 2005  
Secretary of State

DOCUMENT# N31514

Entity Name: THE REDBONE, INC.

**Current Principal Place of Business:**

200 INDUSTRIAL DRIVE  
ISLAMORADA, FL 33036 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 273  
ISLAMORADA, FL 33036 US

**New Mailing Address:**

FEI Number: 65-0180140      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ELLIS, GARY  
#5 DAVIS DR  
LOWER MATECOMBE KEY  
ISLAMORADA, FL 33036 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ELLIS, GARY,  
Address: #5 DAVIS DR LOWER MATECO  
City-St-Zip: ISLAMORADA, FL

Title: STR ( ) Delete  
Name: SCHULBERG, ALAN  
Address: 79901 O/S HWY.  
City-St-Zip: ISLAMORADA, FL 33036

Title: DV ( ) Delete  
Name: MONTGOMERY, MARIE  
Address: 8864 SW 196 TERR.  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: BREWER, CRAIG  
Address: PO BOX 951 N/A  
City-St-Zip: ISLAMORADA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY ELLIS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

01/15/2005

\_\_\_\_\_  
Date