

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90039 033 ***158.75

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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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**PARKER, CLAYTON E
KIRKPATRICK & LOCKHART, LLP
201 S. BISCAYNE BLVD., 20TH FLOOR
MIAMI FL 33131**

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, 2005 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

TITLE **P** ☐ Delete
NAME **DAUPLAISE, ARMAND**
STREET ADDRESS **1630 WINGTER SPRINGS BLVD.**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **S** ☒ Delete
NAME **NEWMAN, IRWIN**
STREET ADDRESS **2101 N.W. CORPORATE BLVD., #414**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **D** ☐ Delete
NAME **CLARK, FRANK**
STREET ADDRESS **1630 WINTER SPRINGS BLVD**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **D** ☒ Delete
NAME **SHINDER, BERNARD**
STREET ADDRESS **1630 WINTER SPRINGS BLVD**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **D** ☐ Delete
NAME **LERMAN, ROY**
STREET ADDRESS **1630 WINTER SPRINGS BLVD**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **DIRECTOR** ☐ Delete
NAME **DAVID COLLINS**
STREET ADDRESS **(SAME)**
CITY-ST-ZIP **(SAME)**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **WILLIAM GAMMON**
STREET ADDRESS **(SAME)**
CITY-ST-ZIP **(SAME)**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **SHINDER, BERNARD**
STREET ADDRESS **1630 WINTER SPRINGS BLVD.**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **JOHN HARGISS**
STREET ADDRESS **(SAME)**
CITY-ST-ZIP **(SAME)**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **EDWARD MILKIE**
STREET ADDRESS **(SAME)**
CITY-ST-ZIP **(SAME)**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Armand Dauplaise, ARMAND DAUPLAISE, PRESIDENT 1/24/05 407-977-1005