

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000010168

Entity Name: BONE ISLAND BAR INC.

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

320 TRUMAN AVE  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

313 TRUMAN AVE  
KEY WEST, FL 33040 US

**Current Mailing Address:**

320 TRUMAN AVE  
KEY WEST, FL 33040 US

**New Mailing Address:**

313 TRUMAN AVE  
KEY WEST, FL 33040 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

THALLER, JAMES T  
320 TRUMAN AVE  
KEY WEST, FL 33040 US

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

THALLER, JAMES T  
313 TRUMAN AVE  
KEY WEST, FL 33040 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: JAMES THALLER

04/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: THALLER, JAMES T  
Address: 313 TRUMAN AVE  
City-St-Zip: KEY WEST, FL 33040 US

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: JAMES THALLER

PRES

04/30/2011

Electronic Signature of Signing Officer or Director

Date