

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 373884

FILED  
Jan 11, 2005  
Secretary of State

Entity Name: MARSHALL B. BONE INC..

## Current Principal Place of Business:

211 A NORTH AMELIA AVE.  
DELAND, FL 32724

## New Principal Place of Business:

## Current Mailing Address:

211 A NORTH AMELIA AVE.  
DELAND, FL 32724

## New Mailing Address:

FEI Number: 59-1308486

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARTER JR, SION W  
401 E JACKSON ST, STE 200  
ORLANDO, FL 32802 US

## Name and Address of New Registered Agent:

BONE, MARSHALL B JR.  
211 A NORTH AMELIA AVENUE  
DELAND, FL 32724 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: MARSHALL B. BONE, JR.

01/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: BONE JR.,MARSHALL B.,  
Address: 900 PINE TREE TERRACE  
City-St-Zip: DELAND, FL 32724

Title: VST ( ) Delete  
Name: BONE SR.,MARSHALL B.,  
Address: 4358 TIDEWATER DRIVE  
City-St-Zip: ORLANDO, FL 32812

Title: D ( ) Delete  
Name: BONE SR.,MARSHALL B.,  
Address: 4358 TIDEWATER DRIVE  
City-St-Zip: ORLANDO, FL 32812

Title: V ( ) Delete  
Name: BLACKMORE, LARRY G  
Address: 2377 OAK PARK DR  
City-St-Zip: DELAND, FL 32724

## 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHALL B. BONE, JR.

DP

01/11/2005

Electronic Signature of Signing Officer or Director

Date