2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006
Secretary of State

DOCUMENT# 373884

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:

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

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 Chapter 119, 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. PRES 01/25/2006

Electronic Signature of Signing Officer or Director — Date