

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # 470745
 1. Entity Name
BONE VALLEY SERVICE COMPANY, INC.



Principal Place of Business 1200 PRAIRIE MINE RD. P.O. BOX 706 MULBERRY, FL 33860	Mailing Address 1200 PRAIRIE MINE RD. P.O. BOX 706 MULBERRY, FL 33860
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1570960	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PATRICK, JAMES R
 1200 PRAIRIE MINE RD.
 P.O. BOX 706
 MULBERRY, FL 33860-0706

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PATRICK, JOYCE E 722 WESTWOOD DR BRANDON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATRICK, JAMES R JR. 1280 S. SWEARINGEN AVE. BARTOW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATRICK, JAMES R SR 722 WESTWOOD DR BRANDON, FL
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 01/09/08-80040-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *JR Patrick Sr* **1-7-08** **863-425 4986**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #