


FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90386 004 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J20208			
1. Entity Name HANGAR-BONE, INC.			
Principal Place of Business 211 A NORTH AMELIA AVE. DELAND, FL 32724		Mailing Address 211 A NORTH AMELIA AVE. DELAND, FL 32724	
2. Principal Place of Business 4079 Conway Place Cir		3. Mailing Address 4079 Conway Place Cir	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
4. FEI Number 59-2696172		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BONE, MARSHALL B., JR. 900 PINE TREE TERRACE DELAND, FL 32724		7. Name and Address of New Registered Agent Name RAYMOND M. AMBROSE Street Address (P.O. Box Number is Not Acceptable) 4079 Conway Place Cir City Orlando FL 32812	
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: <i>Raymond M. Ambrose Pres.</i> DATE: <i>4/26/2004</i> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating))</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS BONE, JR., MARSHALL B. 900 PINE TREE TERRACE DELAND, FL 32724 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Raymond M. Ambrose 4079 Conway Place Circle Orlando, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BONE, PATRICIA R. 3339 BLACKWILLOW TRAIL DELAND, FL 32724 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BONE, RAYNELLE G 900 PINE TREE TERR DELAND, FL 32724 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Raymond M. Ambrose</i>		DATE: <i>4/26/2004</i> TELEPHONE: <i>407898-7251</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Telephone #</small>	