

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # K42988

1. Entity Name
BAD TO THE BONE, INC.



Principal Place of Business

C/O ROBERT E. MOORE
14725 BOXWOOD DRIVE
PALM BEACH GARDENS, FL 33418

Mailing Address

C/O ROBERT E. MOORE
14725 BOXWOOD DRIVE
PALM BEACH GARDENS, FL 33418



05042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0133375

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, ROBERT E.
14725 BOXWOOD DRIVE
PALM BEACH GARDENS, FL 33418

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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
D
MOORE, ROBERT DANE
14677 PEACE RIVER WAY
PALM BEACH GRDNS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOORE, DAVID W.
6120 LUCERNE ST
PALM BEACH GRDNS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOORE, ROBERT E.
14725 BOXWOOD DR
PALM BEACH GRDNS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOORE, EVE E.
14725 BOXWOOD DR.
PALM BCH. GRDNS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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05/05/04-80050-020 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #