

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000044321

Entity Name: FISH BONES, INC.

FILED
Mar 14, 2007
Secretary of State

Current Principal Place of Business:

4290 SE SALERNO ROAD
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

1241 SE BREWSTER PLACE
STUART, FL 34997

New Mailing Address:

FEI Number: 30-0007903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCINTYRE, WILLIAM C
3501 SW CORPORATE PKWY
PALM CITY, FL 34990 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: KILIAN, FRANK JOHN II
Address: 3744 S.E. FAIRWAY E
City-St-Zip: STUART, FL 34997

Title: DVS () Delete
Name: NEWCOMB, JOHN R
Address: 1241 SE BREWSTER PLACE
City-St-Zip: STUART, FL 34997

Title: T () Delete
Name: NEWCOMB, ELIZABETH A
Address: 1241 SE BREWSTER PLACE
City-St-Zip: STUART, FL 34997

Title: V () Delete
Name: KILIAN, FRANK JOHN III
Address: 900 NW SASAFRAS TERR
City-St-Zip: JENSEN BEACH, FL 34957

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: JOHN R NEWCOMB

DVS

03/14/2007

Electronic Signature of Signing Officer or Director

Date