ANNUAL REPORT (AR)

DOCUMENT # P01000052299					FILED				
1. Entity Name BONAONE, INC.	€ () •					Mar 12, 200			M
BONACINE, INC.						Secretary	of St	ate	
Principal Place of Business	Mailing	Address			1				
7588 EÄGLE CREEK DR SARASOTA FL 34243		7588 EAGLE CREEK DR SARASOTA FL 34243							
0A11A001A1E 04240	Or ti i i i	JO 17 (1 L 0-12-10				t 1985/1982 (53 MBCT) (31MH MBH) MBH) MBH	PIE: 01112 11014 110		F#1 (1 10 m)
2. Principal Place of Business	3. Maile	ng Address			-				
Cite Art H ata		Suite, Apt. #, etc.				i imairani lik maini tkati aniii naiii hkili m	BIBI BUIS MAIN (ES	18 EMIL INIII	ILL U: ICAS
Suite, Apt #, etc.					MOORE CR2E034 (11/03)				
City & State		City & State		4.		FEI Number 58-2628296	28296 Applied For Not Applicable		
Zip Country	Zıp	Zip Coun		try	5. Certificate of Status Desired S8.75 Fee Reg		5 Addit	ional	
6. Name and Addres	s of Current Registered	d Agent			7. N	lame and Address of New Regis		· -	
TARASI, MARIA			Name						
7588 EÁGLE CREEK D				Street Address (P.O. Box Number is Not Acceptable)					
SARASOTA FL 34243									
				City			FL Z	p Code	
The above named entity submits this the obligations of registered agent.	s statement for the purpo	se of changing its	register	ed office or registe	red ag	ent, or both, in the State of Florida	. I am familia	ar with, a	and accept
SIGNATURE Signature typed or printed name of	f registered agent and title if appli	cable (NOT	E Registere	d Agent signature required	d when re	einstating)	DATE		
FILE NOW!!! FEE IS						9. Election Campaign Financi	ng	\$5.00	May Be
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State						Trust Fund Contribution.		Ádded	to Fees
<u> </u>	FICERS AND DIRECTOR		11.		AD	DITIONS/CHANGES TO OFFICER			
TITLE PSTD NAME MORRISON, ROBERT		☐ Delete	TITL NAM	Į.		i incommonoco		Change	☐ Addition
				EET ADDRESS -ST-ZIP		03/12/04-8000 03/12/04-8000	143 17-019 1	50.0	n
CITY-ST-ZIP CAMP HILL PA 17011	<u> </u>	☐ Delete	TITL		-			Change	Addition
NAME			NAM	IE.					
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP					
TITLE		☐ Delete	TITL					Change	☐ Addition
NAME STREET ADDRESS			NAM Stri	IE EET ADDRESS					
CITY-ST-ZIP	 			-S1-ZIP					
TITLE NAME		☐ Delele	TITL NAM	1			L. 1	Change	☐ Addition
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP TITLE		☐ Delete	Int					Change	☐ Addition
NAME			NAN						
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS 7-ST-ZIP					_
YNLE		☐ Delete	TITL	- 1				Change	Addition
NAME STREET ADDRESS			NAN STR	AE EET ADDRESS					
CITY-ST-ZIP				(-ST-ZIP					
12. I hereby certify that the information indicated on this report or supplement the corporation of the corp	supplied with this filing nental report is true and or trustee employered to	does not qualify for accurate and that I	or the exe my signa	emption stated in Sature shall have the ired by Chapter 60	ection same 7. Flor	119.07(3)(i), Florida Statutes. I furt legal effect as if made under oath ida Statutes, and that my name on	ther certify the , that I am are inears in Blo	at the in officer ok 10 or	rormation or director Block 11 if
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: Robert & MORRISON 3/10/04 410-279-2984									

MORRISON

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04 4/0-279-2934 Date Daytime Phane #