


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90053 019 ***150.00

DOCUMENT # P01000052299 1. Entity Name BONAONE, INC.					
Principal Place of Business 7588 EAGLE CREEK DR SARASOTA, FL 34243			Mailing Address 7588 EAGLE CREEK DR SARASOTA, FL 34243		
2. Principal Place of Business 1226 FLYING BRIDGE LN Suite, Apt. #, etc.			3. Mailing Address 1226 FLYING BRIDGE LN Suite, Apt. #, etc.		
City & State OSPREY FLA		City & State OSPREY FLA		4. FEI Number 58-2628296	
Zip 34229		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TARASI, MARIA 7588 EAGLE CREEK DR SARASOTA, FL 34243				7. Name and Address of New Registered Agent Name ROBERT G. MORRISON Street Address (P.O. Box Number is Not Acceptable) 1226 FLYING BRIDGE LN City OSPREY FL Zip Code 34229	
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 ROBERT G. MORRISON, PMA <i>Robert G. Morrison</i> 2/7/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PSTD MORRISON, ROBERT <input checked="" type="checkbox"/> Delete 1120 WATERFORD CAMP HILL, PA 17011		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MORRISON, ROBERT G <input type="checkbox"/> Change, <input checked="" type="checkbox"/> Addition 34A QUEEN ANNE WAY CHESTER, MD 21619	
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	
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	
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)(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: <i>Robert G. Morrison</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/7/05 410-279-2934 <small>Date Daytime Phone #</small>		

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