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Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90863 015 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000161893

1. Entity Name
FISH BONES GUIDE SERVICE, INC.

Principal Place of Business	Mailing Address
13800 ROBERT ROAD BOKEELIA, FL 33922	POST OFFICE BOX 380 PINELAND, FL 33945

03222007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2687 Sanibel Blvd	P.O. Box 418
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St James City, Fla	City & State: St James City, Fla
Zip: 33956 Country: USA	Zip: 33956 Country: USA

4. FEI Number: 65-1237032 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARNHILL, EDWARD J SR.
13800 ROBERT ROAD
BOKEELIA, FL 33922

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P/D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BARNHILL, EDWARD J SR.	NAME	
STREET ADDRESS	~~13800 ROBERT ROAD~~	STREET ADDRESS	2687 Sanibel Blvd
CITY-ST-ZIP	~~BOKEELIA, FL 33922~~	CITY-ST-ZIP	St James City, Fla 33956
TITLE	VP/D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BARNHILL, KAREN S	NAME	
STREET ADDRESS	~~13800 ROBERT ROAD~~	STREET ADDRESS	2687 Sanibel Blvd
CITY-ST-ZIP	BOKEELIA, ~~FL 33922~~	CITY-ST-ZIP	St James City, Fla 33956
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Edward J Barnhill Sr 4/27/07 2392820531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #