

5. 7. 7.

PD 5000159461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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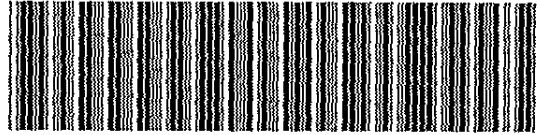
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

*C. Coulliette*

C. Coulliette JUL 26 2006

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: XONE, INC.  
(Name of Corporation)

DOCUMENT NUMBER: P05000159461

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHERYL W. ROBINSON  
(Name of Person)

XONE, INC.  
(Name of Firm/Company)

PMB 7994 PO Box 2428  
(Address)

PENSACOLA, FL 32513  
(City/State and Zip Code)

For further information concerning this matter, please call:

CHERYL W. ROBINSON at (386) 846-2840  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, VICTORIA L. WILSON, hereby resign as PSTD  
(Title)

of XONE, INC.  
(Name of Corporation)

P05000159461, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

*Victoria L. Wilson*  
(Signature of resigning officer/director)

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2006 JUL 18 AM 8:18  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314