

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90094 035 \*\*\*150.00

<b>DOCUMENT # P07000052457</b> 1. Entity Name <b>BONES PAINTING, INC.</b>					
Principal Place of Business <b>291 DAMRON AVE HOLLY HOLL, FL 32117</b>			Mailing Address <b>291 DAMRON AVE HOLLY HOLL, FL 32117</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-8953864</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BONES, HERNAN 291 DAMRON AVE HOLLY HOLL, FL 32117</b>			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 _____ (NOTE: Registered Agent signature is required when renewing)					
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
<div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> <b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>BONES, HERNAN 291 DAMRON AVE HOLLY HOLL, FL 32117</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 my address, with all other like empowered.					
SIGNATURE: <u><i>Hernan Bones</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					