

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000013103

Entity Name: BARE BONE RIDES, INC.

**FILED**  
**Jan 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

699 FERN DRIVE  
MERRITT ISLAND, FL 32952 US

**New Principal Place of Business:**

**Current Mailing Address:**

35 ARTEMIS BOULEVARD  
MERRITT ISLAND, FL 32953 US

**New Mailing Address:**

FEI Number: 27-4813572      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LANG, JOSEPH T  
35 ARTEMIS BLVD.  
MERRITT ISLAND, FL 32953 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: LANG, JOSEPH T  
Address: 35 ARTEMIS BOULEVARD  
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: SEC  
Name: LANG, JOSEPH T  
Address: 35 ARTEMIS BOULEVARD  
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: TRES  
Name: LANG, JOSEPH T  
Address: 35 ARTEMIS BOULEVARD  
City-St-Zip: MERRITT ISLAND, FL 32953 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH T. LANG

PRES

01/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date