

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000014567

**Entity Name:** BONE VOYAGE, INC.

**FILED**  
**Feb 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

82994 OVERSEAS HWY  
ISLAMORADA, FL 33036

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 189  
ISLAMORADA, FL 33036

**New Mailing Address:**

**FEI Number:** 90-0000446

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAKER, LINDA S  
82994 OVERSEAS HWY  
ISLAMORADA, FL 33036 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: P  
Name: BAKER, LEE  
Address: P.O. BOX 189  
City-St-Zip: ISLAMORADA, FL 33036

Title: V  
Name: BAKER, LINDA S  
Address: P.O. BOX 189  
City-St-Zip: ISLAMORADA, FL 33036

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: LINDA S BAKER

VP

02/12/2012

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

\_\_\_\_\_  
Date