2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000027 1. Entity Name DAVID D. BONE, P.A.	242		05	FILED MAR -1 AH II: 53	
Principal Place of Business	Mailing Address	<u></u>	SE/	000-	
100 WALLACE AVE 100 WALLACE AVE			TAT I	CRETA Y AL STATE LAHASA E FLORDA	
STE 100 STE 100			1 (34.)	FLORES A	
SARASOTA, FL 34237	SARASOTA, FL 34237		I IN CHASTO MAN HOMBO (MAI) COMO DE M	I BRIM ATMA MAM INDIA MAM ASETA METATA MENAR	
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		02032005 Chg-P	CR2E034 (10/03)	
City & State City & State			4. FEI Number 65-0402099	Applied For Not Applicable	
Zip Country	Zíp (Country	5. Certificate of Status Desire	sd S8.75 Additional Fee Required	
: 6. Name and Address of Current	Registered Agent		7. Name and Address of Ne	w Registered Agent	
BONE, DAVID		Name	Name		
100 WALLACE AVE STE 100 SARASOTA, FL 34231		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
- 0.40 0017,112 0.201				7ia Code	
		City		FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
the obligations of regaliered agent.					
SIGNATURE Signalue. Nood or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered Agent signature require	ed when reinstating)	DATE	
	9. Election Campaign	Financing \$5	5.00 May Be		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.0	T F. 10		ided to Fees		
10. OFFICERS AND		11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 11	
TITLE D NAME BONE, DAVID D	☐ Delete	TITLE NAME		Change Addition	
STREET ADDRESS 100 WALLACE AVE, SUITE 100		STREET ADORESS		:028052)9004 **950.00	
CITY-ST-ZIP SARASOTA, FL 34237		CITY-ST-ZIP	03/09/050100	J98U4 **950.1JU	
THE	☐ Defete	TITLE		Change Addition	
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TITLE	□ Delete	TITLE		Change Addition	
NAME -		NAME		-	
STREET ADDRESS					
OUTV PT 7/D		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP		Channe Addition	
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TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP 11. L NAME SIREET ADDRESS CITY-SI-ZIP 12. I hereby certify that the information supplied with indicated on this report or supplience that report is of the corporation or the receiver of trustee elapsy.	Delete Delete Delete this filing does not qualify for the true and accurate production true years whered to execute his graph what in the production is producted.	CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME SIREET ADDRESS CITY-ST-ZIP e exemption stated in S signature shall have the	e same legal effect as if made und	Change Addition Change Addition Change Addition	
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