

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2004 8:00 am
Secretary of State

01-26-2004 90002 039 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P94000053342 1. Entity Name JERRY BONE PAINTING, INC.					
Principal Place of Business 535 MERCURY WAY FORT MYERS FL 33908 US			Mailing Address 535 MERCURY WAY FORT MYERS FL 33908 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0526981 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For <input type="checkbox"/> Not Applicable </div>	
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		
BONE, JERRY 535 MERCURY WAY FORT MYERS FL 33908			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 <u><i>Jerry Bone</i></u> <u><i>JERRY BONE</i></u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE <u><i>1-21-04</i></u>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	<input type="checkbox"/> Delete BONE, JERRY 5871 LADDER ST FT MYERS FL 33931		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BONE, JERRY		NAME		
STREET ADDRESS	5871 LADDER ST		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33931		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete BONE, JERRY PRESIDENT		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BONE, JERRY		NAME		
STREET ADDRESS	535 MERCURY WAY		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL. 33908		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an address, with all other like empowered.					
SIGNATURE: <u><i>Jerry Bone</i></u> <u><i>JERRY BONE</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>1-21-04</i></u> Daytime Phone # <u><i>239-985-2286</i></u>		