


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90042 041 ***150.00

DOCUMENT # P95000011070

1. Entity Name
CAT-RAN-BONE INC.



Principal Place of Business Mailing Address
5201 VILLAGE BLVD **5201 VILLAGE BLVD**
WEST PALM BEACH, FL 33407 US **WEST PALM BEACH, FL 33407 US**

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

04112008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-0562845 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

NEEDLE, ROBERT
5201 VILLAGE BLVD
WEST PALM BEACH, FL 33407

7. Name and Address of New Registered Agent

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 required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ARSENAULT, GERALD A	
STREET ADDRESS	800 N. FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NEEDLE, ROBERT	
STREET ADDRESS	5201 VILLAGE BLVD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	S	<input type="checkbox"/> Delete
NAME	NEEDLE, DAVID	
STREET ADDRESS	5201 VILLAGE BLVD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HAMILTON, HARRY	
STREET ADDRESS	800 N. FLAGLER DR.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMILTON, LEE COLEE	
STREET ADDRESS	800 N. FLAGLER DR.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an address, with all other names empowered.

SIGNATURE: _____ **4/16/08** _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #