

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 27, 2004 8:00 am**  
**Secretary of State**

08-27-2004 90003 014 \*\*\*150.00

**DOCUMENT # P97000031407**

1. Entity Name  
**BONE CRUSHER ENTERPRISES, INC.**



Principal Place of Business  
**1500 N. 68TH TERRACE  
HOLLYWOOD, FL 33024**

Mailing Address  
**1500 N. 68TH TERRACE  
HOLLYWOOD, FL 33024**

**54070358**



07212004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0745568**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**O'JEA, CHRISTOPHER  
1500 N. 68TH TERRACE  
HOLLYWOOD, FL 33024**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
O'JEA, CHRISTOPHER  
1500 N. 68TH TERRACE  
HOLLYWOOD, FL 33024**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

57070358  
# P97000031407

**BONE CRUSHER ENTERPRISES, INC.**  
**1500 N. 68<sup>TH</sup> TERRACE**  
**HOLLYWOOD, FL 33024**

August 10, 2004

Uniform Business Report  
Division of Corporations  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

**RE: BONE CRUSHER ENTERPRISES, INC.**  
**FEIN# 65-0745568**

Dear Sir or Madam:

Enclosed please find a Uniform Business Form for Bone Crusher Enterprises, Inc. The company never received the UBR Card for 2004. I called your office to discuss this problem. Pursuant to that conversation I am respectfully asking for an abatement of penalties. Also please find enclosed a check in the amount of \$ 150 for the year 2004.

I want to thank you for all of the help that was given to me. If you have any questions, please contact me at the above address.

Very Truly Yours,

  
Christopher O'Jea

enclosed  
Ww/ubr/ UBR LTR 2004 Bone Crusher