


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90047 032 ***158.75

| | | |
|---------------------------------------|--|---|
| DOCUMENT # P99000042577 | |  |
| 1. Entity Name OSTEON, INC. | | |

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| Principal Place of Business 3003 SOUTH HWY 77, STE. A LYNN HAVEN, FL 32444 | Mailing Address 3003 SOUTH HWY 77, STE. A LYNN HAVEN, FL 32444 |
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34003569

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| 2. Principal Place of Business 2589 Jenks Ave. | 3. Mailing Address 2589 Jenks Ave. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State Panama City, FL | City & State Panama City, FL |
| Zip 32405 | Country |
| Country | Zip 32405 |
| Country | Country |

01192004 Chg-P CR2E034 (10/03)

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|------------------------------------|--|
| 4. FEI Number 59-3570103 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent | |
| HARE, DIANE 3003 SOUTH HWY 77, STE. A LYNN HAVEN, FL 32444 | |

| | |
|--|--------------------------|
| 7. Name and Address of New Registered Agent | |
| Name Diane C. Hare CPA | |
| Street Address (P.O. Box Number is Not Acceptable) 2589 Jenks Avenue | |
| City Panama City | FL Zip Code 32405 |

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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D REED, MICHAEL P.O. BOX 27820, BAY POINT PANAMA CITY, FL 32411 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D REED, MYRA P.O. BOX 27820, BAY POINT PANAMA CITY, FL 32411 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: _____ **1-30-04 856-747-9403**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #