2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 22, 2005 08:00 AM Secretary of State DOCUMENT # S84184 1. Entity Name FISH BONES-SAND LAKE ROAD, INC. Principal Place of Business Mailing Address 6707 SANDLAKE RD 1260 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32819 US ORLANDO, FL 32837 01202005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3085558 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DARMOC, DENNIS P. DO NOT WRITE 1260 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32837 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 \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DP TITLE WOODSBY, RONALD E. U00000322158 04/22/05-80002-009 150.00 1445 OAKLAWN PLACE STREET ADDRESS CITY+ST-ZIP LAKELAND, FL 33803 IIILE ST DARMOC, DENNIS P. NAME STREET ADDRESS 1950 LEGION DR WINTER PARK, FL 32789 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 trustae 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4028518400

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