

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000060325

Entity Name: BONE IN CORP.**Current Principal Place of Business:**12040 ANDERSON RD
TAMPA, FL 33625**Current Mailing Address:**12040 ANDERSON RD
TAMPA, FL 33625 US**FEI Number:** 85-2485573**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEGALCORP SOLUTIONS, LLC
3440 W HOLLYWOOD BLVD. SUITE 415
HOLLYWOOD, FL 33021 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	ZACHARY, STACY
Address	12040 ANDERSON RD
City-State-Zip:	TAMPA FL 33625

Title	SEC
Name	ZACHARY, STACY
Address	12040 ANDERSON RD
City-State-Zip:	TAMPA FL 33625

Title	DIR
Name	ZACHARY, STACY
Address	12040 ANDERSON RD
City-State-Zip:	TAMPA FL 33625

Title	TRE
Name	ZACHARY, STACY
Address	12040 ANDERSON RD
City-State-Zip:	TAMPA FL 33625

Title	VP
Name	ZACHARY II, HARLEY
Address	12040 ANDERSON RD
City-State-Zip:	TAMPA FL 33625

Title	DIR
Name	ZACHARY, HARLEY
Address	12040 ANDERSON RD
City-State-Zip:	TAMPA FL 33625

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STACY ZACHARY**PRESIDENT****02/12/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date