


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N01000008288 1. Entity Name 455 HARRISON AVENUE GROUP, INC.	
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Principal Place of Business 455 HARRISON AVE., SUITE C PANAMA CITY, FL 32401	Mailing Address 455 HARRISON AVE., SUITE C PANAMA CITY, FL 32401
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DO NOT WRITE IN THIS SPACE



05032004 No Chg-NP CR2E037 (10/03)

4. FEI Number 80-0026554	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

BASS, BILL  
455 HARRISON AVE.  
SUITE C  
PANAMA CITY, FL 32401

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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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contributor: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000154972 05/05/04-80019-004 61.25
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOZARTH, JOHN L 451 MAGNOLIA AVE. PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENSE, ALLAN 4116 HWY. 231 NORTH PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALL, GARY L 100 CHERRY ST., STE. 301 PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BASS, WILLIAM D 227 HARRISON AVE. PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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 trustee empowered to execute this report as required by Chapter 617, 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: W.D. Bass 5/2/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #