


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N01000008288  
 1. Entity Name  
 455 HARRISON AVENUE GROUP, INC.



Principal Place of Business  
 455 HARRISON AVE., SUITE C  
 PANAMA CITY, FL 32401

Mailing Address  
 455 HARRISON AVE., SUITE C  
 PANAMA CITY, FL 32401



**DO NOT WRITE IN THIS SPACE**

04142005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
 80-0026554

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 BASS, BILL  
 455 HARRISON AVE.  
 SUITE C  
 PANAMA CITY, FL 32401

**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

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000310928  
 04/18/05-80025-002 61.25

**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 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.A. Bass 4/15/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #