2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 219251

Title:

Name:

Address: City-St-Zip: FILED Mar 08, 2004 Secretary of State

Entity Name: BASSETT BROTHERS, INC. **Current Principal Place of Business: New Principal Place of Business:** 1927 E WASHINGTON STREET MONTICELLO, FL 32344 **Current Mailing Address: New Mailing Address:** PO BOX 561 PO BOX 561 MONTICELLO, FL 32344 MONTICELLO, FL 32345 FEI Number: 59-6078501 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BASSETT, W W III 1927 E WASHINGTON STREET MONTICELLO, FL 32344 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition TRAWICK, LUCY B, Name: Name: 324 N SUNSET CIR Address: Address: City-St-Zip: GULF BREEZE, FL City-St-Zip: Title: VPD Title: () Delete () Change () Addition Name: CSAR, MARY B. Name: 801 SW 16TH ST Address: Address: City-St-Zip: BOCA RATON, FL City-St-Zip: () Delete Title: Title: (X) Change () Addition GOSSELIN, CAROLYN B, Name: GOSSELIN, CAROLYN B, Name: 1825 BISCAYNE DR 1026 VASSAR ST. Address: Address: City-St-Zip: ORLANDO, FL City-St-Zip: ORLANDO, FL 32804 Title: () Delete Title: () Change () Addition BASSETT, WILMER W. I, II Name: Name: Address: RT 2 BOX 17-A Address: City-St-Zip: MONTICELLO, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: WILMER W. BASSETT, III PRES 03/08/2004

(X) Delete

PITTMAN, SARAH H

MONTICELLO, FL 32344

RT2. BOX 104-A

() Change () Addition