

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90306 026 \*\*\*150.00

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03312005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # 219251</b>			
1. Entity Name <b>BASSETT BROTHERS, INC.</b>			
Principal Place of Business <b>1927 E WASHINGTON STREET MONTICELLO, FL 32344</b>		Mailing Address <b>PO BOX 561 MONTICELLO, FL 32345</b>	
2. Principal Place of Business Suite, Apt. #, etc. <b>4991 GLEN CASTLE DR.</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>TALLAHASSEE, FL</b>		City & State	
Zip <b>32309</b>	Country <b>LEON</b>	Zip	Country
4. FEI Number <b>59-6078501</b>		Applied For <input type="checkbox"/> 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 <b>BASSETT, WW III 1927 E WASHINGTON STREET MONTICELLO, FL 32344</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4991 GLEN CASTLE DR.</b> City <b>TALLAHASSEE</b> <b>FL</b> Zip Code <b>32309</b>	
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 <i>WW Bassett III</i> <b>WW BASSETT III PRES</b> <b>3/31/05</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TRAWICK, LUCY B 324 N SUNSET CIR GULF BREEZE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CSAR, MARY B 801 SW 16TH ST BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOSSELIN, CAROLYN B 1026 VASSAR ST. ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1402 SOVEREIGN CT. ORLANDO, FL 32804</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BASSETT, WILMER W. III RT 2 BOX 17-A MONTICELLO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4991 GLEN CASTLE DR TALLAHASSEE, FL 32309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <i>WW Bassett III</i> <b>WW BASSETT III PRES</b> <b>3/31/05</b> <b>528-2613</b> Signature and typed or printed name of signing officer or director		Date Daytime Phone #	