

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # 219251 1. Entity Name BASSETT BROTHERS, INC.	
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Principal Place of Business 49941 GLEN CASTLE DRIVE TALLAHASSEE, FL 32309	Mailing Address PO BOX 561 MONTICELLO, FL 32345
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03172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6078501	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BASSETT, W W III 4991 GLEN CASTLE DRIVE TALLAHASSEE, FL 32309

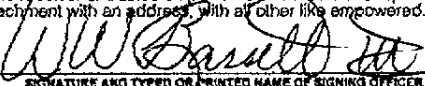
**DO NOT WRITE
IN THIS SPACE**

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.	DATE 4-8-06 (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000502203 04/25/06-80095-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TRAWICK, LUCY B 324 N SUNSET CIR GULF BREEZE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CSAR, MARY B 801 SW 16TH ST BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOSSELIN, CAROLYN B 1402 SOVEREIGN COURT ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BASSETT, WILMER W. III 4991 GLEN CASTLE DRIVE TALLAHASSEE, FL 32309
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 exemptions contained in Chapter 119, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 4-8-06 DAYTIME PHONE # 850-997-0044