2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 219251

1. Entity Name
BASSETT BROTHERS, INC.

Principal Place of Business	Mailing Address
49941 GLEN CASTLE DRIVE TALLAHASSEE, FL 32309	PO BOX 561 MONTICELLO, FL 32345

DO NOT WRITE IN THIS SPACE

03172006 No Chg-P CR2E034 (11/05)

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

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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: W W Bassett III 4-8-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

000005022203
04/25/06-80095-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	TRAWICK, LUCY B
STREET ADDRESS	324 N SUNSET CIR
CITY-ST-ZIP	GULF BREEZE, FL
TITLE	VPD
NAME	CSAR, MARY B
STREET ADDRESS	801 SW 15TH ST
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D
NAME	GOSSELIN, CAROLYN B
STREET ADDRESS	1402 SOVEREIGN COURT
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	PD
NAME	BASSETT, WILMER W. III
STREET ADDRESS	4991 GLEN CASTLE DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: W W Bassett III 4-8-06 850-997-0844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #