

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 219251

1. Entity Name
BASSETT BROTHERS, INC.



Principal Place of Business
**4991 GLEN CASTLE DRIVE
TALLAHASSEE, FL 32309**

Mailing Address
**PO BOX 561
MONTICELLO, FL 32345**



03252008 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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	TRAWICK, LUCY B
STREET ADDRESS	324 N SUNSET CIR
CITY-ST-ZIP	GULF BREEZE, FL 32561

TITLE	STD
NAME	CSAR, MARY B
STREET ADDRESS	801 SW 16TH ST
CITY-ST-ZIP	BOCA RATON, FL 33486

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	

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05/14/08-80010-005 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-08

Date

Daytime Phone #