2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 238772

1. Entity Name
BASSWOOD, INC. OF FLORIDA

Principal Place of Business	Mailing Address
P. O. BOX 248 CRYSTAL LAKE, IL 60039-0246 US	P. O. BOX 248 CRYSTAL LAKE, IL 60039-0248 US

DO NOT WRITE IN THIS SPACE

03172004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0917357
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WIDOFF, MICHAEL G.
3210 NE 57TH COURT
FORT LAUDERDALE, FL 33308

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WIDOFF, GERSON F.
STREET ADDRESS	P.O. BOX 248 N/A
CITY-ST-ZIP	CRYSTAL LAKE, IL 600390248
TITLE	S
NAME	WIDOFF, WAWANNA
STREET ADDRESS	P.O. BOX 248 N/A
CITY-ST-ZIP	CRYSTAL LAKE, IL 600390248
TITLE	T
NAME	WIDOFF, GERSON F
STREET ADDRESS	P.O. BOX 248 N/A
CITY-ST-ZIP	CRYSTAL LAKE, IL 600390248
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 attached with an address, with all other like empowered.

SIGNATURE _____ 4-2-04 954-338-3217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #