

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 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 P. O. BOX 248
 CRYSTAL LAKE, IL 60039-0246 US CRYSTAL LAKE, IL 60039-0248 US



04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

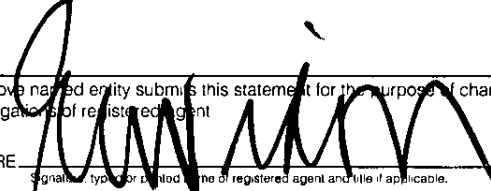
4. FEI Number 59-0917357	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 4/25/08
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, 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	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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/20/08-80011-024 150.00

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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

4/25/08 815-338-3217
 Date Daytime Phone #