

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90050 043 ***150.00

DOCUMENT # 340276

1. Entity Name

CEE-BAS, INCORPORATED



Principal Place of Business

330 SW MAIN BLVD
LAKE CITY FL 32025

Mailing Address

330 SW MAIN BLVD
LAKE CITY FL 32025

2. Principal Place of Business

566 S W Arlington Blvd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake City, Fl.

City & State

Lake City, Fl.

Zip

32025

Country

Columbia

Zip

32025

Country

Columbia

4. FEI Number

59-1450511

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EDGLEY, CHARLES E.
BURNETT ROAD
P.O. BOX 398
LAKE CITY FL 32056-0398

7. Name and Address of New Registered Agent

Name

Edgley, Marilyn J.

Street Address (P.O. Box Number is Not Acceptable)

164 S. W Marvin Burnett Rd.

Lake City, Fl. 32025

City

FL

Zip Code
32025

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 *Marilyn J. Edgley* Marilyn J. Edgley-Secretary
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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	EDGLEY, CHARLES E.	
STREET ADDRESS	330 SW MAIN BLVD	
CITY-ST-ZIP	LAKE CITY FL 32025-0398	
TITLE	ST	<input type="checkbox"/> Delete
NAME	EDGLEY, MARILYN J.	
STREET ADDRESS	BURNETTE ROAD	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	V	<input type="checkbox"/> Delete
NAME	EDGLEY, DOUGLAS E.	
STREET ADDRESS	RT 18 BOX 549	
CITY-ST-ZIP	LAKE CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edgley, Marilyn J.	
STREET ADDRESS	164 S W Marvin Burnett Rd.	
CITY-ST-ZIP	Lake City, Fl. 32025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Marilyn J. Edgley Marilyn J. Edgley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-30-04 (380) 252-0580