2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2004 08:00 AM Secretary of State

		··	_	Caar		F C4045		
DOCUMENT # 390015 1. Entity Name BASSING COMPANY, INCORPORATED				Secretary of State				
Principal Place BASSING CO. 4201 N OCE, HOLLYWOOD	, INC An Drive #306	Mailing Address BASSING CO., INC P O BOX 844 DANIA, FL 33004-0844 US			1 (11) 11 11 11 11 11 11 11 11 11 11 11 11	######################################	\$(0)(0)(0)(0)(<u>)</u> ()20(
D	O NOT WRITE	IN THIS SPA	CE	01102004 4. FEI Numbe 59-136		CR2E034 (1		
	6. Name and Address of Current Re	gistered Agent						
BASSING, DAVID A 4201 N OCEAN DRIVE #306 HOLLYWOOD, FL 33019			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 Florica. Tam familiar with, and accept the obligations of registered agent.								
SIGNATURE_	Signature Typed or printed name of registered agent and	title if applicable (NOTE Registere	d Agent signature required	(when reinstating)		DATE		
FIL After M:	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution	noing \$5.	.00 May Be ed to Fees				
10.	OFFICERS AND DI	RECTORS						
MAME STREET ADDRESS OFF-ST-ZIP	PD BASSING,DAVID A 4201 N OCEAN DRIVÉ #306 HOLLYWOOD, FL 33019				U00000 02/05/04-	033779		
TIFLE NAME STREET ADDRESS CITY ST ZIP	And the second s				02/05/04-	-80056-01	7 150.00	
THE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	NAME SIPEET ADDRESS			IN THIS SPACE				
TIFLE NAME SIMBET ADDRESS OHY ST ZIP				ىن				
THEE NAME STREET ADORESS CITY-SE-ZIP								

12. Thereby 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:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1110104

1954)295-9005

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