

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 .08:00 AM
Secretary of State

DOCUMENT # 403125 1. Entity Name BASS RANCH, INC																																																																																																																	
Principal Place of Business 16525 HWY. 98N OKEECHOBEE FL 34972			Mailing Address 16525 HWY. 98N OKEECHOBEE FL 34972																																																																																																														
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																														
City & State			City & State																																																																																																														
Zip		Country		4. FEI Number 59-1404446																																																																																																													
5. Certificate of Status Desired ☐				Applied For Not Applicable																																																																																																													
6. Name and Address of Current Registered Agent BASS, ELDA MAE 16525 HWY 98N OKEECHOBEE FL 34972																																																																																																																	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																	
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 file if applicable (NOTE: Registered Agent signature required when reinstating)																																																																																																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">PD</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>BASS, ELWYN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16525 HWY 98N</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OKEECHOBEE FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>STD</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>BASS, ELDA MAE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16525 HWY 98N</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OKEECHOBEE FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>GLENN J. BASS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16525 HWY, 98 NORTH</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OKEECHOBEE FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>BASS, J. C.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16525 HWY 98N</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OKEECHOBEE FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	PD	☐ Delete	NAME	BASS, ELWYN		STREET ADDRESS	16525 HWY 98N		CITY-ST-ZIP	OKEECHOBEE FL		TITLE	STD	☐ Delete	NAME	BASS, ELDA MAE		STREET ADDRESS	16525 HWY 98N		CITY-ST-ZIP	OKEECHOBEE FL		TITLE	VD	☐ Delete	NAME	GLENN J. BASS		STREET ADDRESS	16525 HWY, 98 NORTH		CITY-ST-ZIP	OKEECHOBEE FL		TITLE	D	☐ Delete	NAME	BASS, J. C.		STREET ADDRESS	16525 HWY 98N		CITY-ST-ZIP	OKEECHOBEE FL		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	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)(f), 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: <u>Elda Mae Bass</u> ELDA MAE BASS 2-14-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																	



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