2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 403125

1. Entity Name BASS RANCH, INC



FILED Jan 31, 2008 08:00 AN Secretary of State

Principal Place of Business

16525 HWY. 98N OKEECHOBEE, FL 34972 Mailing Address

16525 HWY. 98N OKEECHOBEE, FL 34972



DO NOT WRITE IN THIS SPACE

01282008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1404446

Applied For Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BASS, ELDA MAE 16525 HWY 98N OKEECHOBEE, FL 34972

DO NOT WRITE IN THIS SPACE

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	e named entity submits this statement for the ρ tions of registered agent.	ourpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title it	il applicable. (NOTE: Registered A	gent signatur	e required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financir Trust Fund Contribution.	9. Election Campaign Financing Trust Fund Contribution. \$5.00 N Added to F		U00000807564 02/07/08-80013-006 158.75		
10.	OFFICERS AND DIREC						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BASS, ELWYN 16525 HWY 98N OKEECHOBEE, FL				·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BASS, ELDA MAE 16525 HWY 98N OKEECHOBEE, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GLENN J. BASS 16525 HWY, 98 NORTH OKEECHOBEE, FL		DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, J. C. 16525 HWY 98N OKEECHOBEE, FL		IN THIS SPACE				
TITLE NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filling 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.

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CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR

1-28-08

Daytime Phone