

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 437304

1. Entity Name
BASS & BASS, LTD., INC.



Principal Place of Business
**3375-C CAPITAL CIRCLE N.E.
TALLAHASSEE, FL 32308**

Mailing Address
**3375-C CAPITAL CIRCLE N.E.
TALLAHASSEE, FL 32308**



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1458585	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BASS, ROBERT L.
544 WOODFERN CT
TALLAHASSEE, FL 32312**

**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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: 

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000567073
06/12/06-80007-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	BASS, ROBERT L
STREET ADDRESS	544 WOODFERN CT
CITY-ST-ZIP	TALLAHASSEE, FL 32312

TITLE	P
NAME	BASS, RUTH S
STREET ADDRESS	544 WOODFERN CT
CITY-ST-ZIP	TALLAHASSEE, FL 32312

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

9/15/06

Date

850-386-7000

Daytime Phone #