## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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## Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90221 023 \*\*\*150.00 DOCUMENT # F01000002201 1. Entity Name RICHARD BASS HOMES, INC. Principal Place of Business Mailing Address 94074028 1301 ALEXANDER DRIVE PO BOX 778 DOTHAN, AL 36301 DOTHAN, AL 36302 2. Principal Place of Business 3. Mailing Address 119 OLD FERRY DOCK RD Suite, Apt. #, etc. Suite, Apt. #, etc. 04222004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For EASTPOINT 63-1153146 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BASS, RICHARD Street Address (P.O. Box Number is Not Acceptable) 119 OLD FERRY DOCK RD EASTPOINT, FL 32328 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 Fiorida. I am familiar with, and accept the obligations of registered agent. 4-29-04 Kichard Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Change ☐ Addition TITLE BASS, JAMES R. 119 OLD FERRYDOCK RD. BASS, JAMES R NAME NAME 1301 ALEXANDER DR. STREET ADDRESS STREET ADDRESS EASTPOINT FL DOTHAN, AL CITY-ST-ZIP CITY-ST-ZIP 3>3*2*8 TITLE ST Delete TITLE Change ☐ Addition BASS, ELIZABETH 1450 EDDINS RD. BASS, ELIZABETH NAME NAME STREET ADDRESS 1301 ALEXANDER DR. STREET ADDRESS DOTHAN, AL CITY-ST-ZIP DOTHAN, AL 36301 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME MARAE STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 callt; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this 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.

**FILED**