## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 05, 2004 8:00 am Secretary of State DOCUMENT # G63416 1. Entity Name 04-05-2004 90004 021 \*\*\*158.75 BASŠ PROPERTY MAINTENANCE, INC. Principal Place of Business Mailing Address ეჭერიიიი 13744 68TH ST N 2098 RESTON CIR. ROYAL PALM BEACH, FL 33411 WEST PALM BEACH, FL 33412 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232004 CR2E034 (10/03) Cha-P City & State City & State Applied For 4. FEI Number 59-2330385 Not Applicable Zip Country Ζiρ 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, JAMES Street Address (P.O. Box Number is Not Acceptable) 2098 RESTON CIR. WEST PALM BEACH, FL 33411 City 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 title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ۷P TITLE P, 5 Change Delete TITLE James Buss NAME BASS, JAMES NAME 2098 Reston Circle 2098 RESTON CIR. STREET ADDRESS STREET ADDRESS Royal Palm Beach, FL 33411 CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Bass, Wesley BASS, WESLEY NAME NAME 13744 68 Street North STREET ADDRESS 13744 68 ST NORTH STREET ADDRESS West Palm Beach , FL 33412 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL 33412 TITLE ST Delete TITLE Change ☐ Addition BASS, KIMBERLY NAME NAME STREET ADDRESS 2098 RESTON CIR. STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 -CITY-ST-ZIP TITLE TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITLE TITE F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7JF ☐ 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 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 attachment with an address, with all other like empowered. de Ames SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

**FILED**