## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 10, 2005 08:00 AM Secretary of State DOCUMENT # K03459 1. Entity Name BASS & ASSOCIATES, INC. Principal Place of Business ... Mailing Address 1953 - 8TH STREET 1953 - 8TH STREET SARASOTA, FL 34236 SARASOTA, FL 34236 US 01052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEi Number | Applied For 65-0017711 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent SABA, RICHARD D DO NOT WRITE 2033 MAIN STREET SUITE 303 IN THIS SPACE SARASOTA, FL 34237 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PST MILE BASS, RICHARD W NAME STREET ADDRESS 1953 EIGHTH STREET CITY-ST-ZIP SARASOTA, FL 34236 \_\_\_U00000174411 01/10/05-80009-016 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME

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

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

N. 4 44.43

1/5/05

941.954. 1553

FILED