

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

5/3/2

FILED
Jun 18, 2004 8:00 am
Secretary of State

05-03-2004 91215 008 ***150.00

06-18-2004 90001 008 ***150.00

DOCUMENT # K47234

1. Entity Name

BASSITT'S AUTOMOTIVE SERVICE, INC.



Principal Place of Business

**2010 CORNELL ST.
SARASOTA, FL 34237**

Mailing Address

**2010 CORNELL ST.
SARASOTA, FL 34237**

04037868



DO NOT WRITE IN THIS SPACE

04142004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0085295

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROBERTS, PAUL J
2010 CORNELL ST.
SARASOTA, FL 34237**

**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 transferring)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
ROBERTS, PAUL J
2010 CORNELL STREET
SARASOTA, FL 34237**

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 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

Paul J. Roberts
6-13-04 941 955 9400

Date

Daytime Phone #