

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K90234

Entity Name: BASIC COMPANIES, INC.

FILED
Apr 18, 2005
Secretary of State

Current Principal Place of Business:

1545 DUNDEE ROAD
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

PO BOX 2007
HAINES CITY, FL 338452007

New Mailing Address:

FEI Number: 59-2951436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWEN, PATRICIA S
5307 JOHNSON AVE.
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: OWEN, KENNETH A
Address: 5307 JOHNSON AVE.
City-St-Zip: HAINES CITY, FL 33844

Title: DVP () Delete
Name: MAWYER, KIMBERLEE O
Address: 5301 JOHNSON AVE.
City-St-Zip: HAINES CITY, FL 33844

Title: VP () Delete
Name: OWEN, FRANCES G
Address: 5313 JOHNSON AVENUE
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: OWEN, SETH A
Address: 5313 JOHNSON AVENUE
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLEE O. MAWYER

DVP

04/18/2005

Electronic Signature of Signing Officer or Director

Date