

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 SEP 14 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08072007 Chg-P CR2E034 (12/06)

DOCUMENT # K90234 1. Entity Name BASIC COMPANIES, INC.					
Principal Place of Business 7000 LUCERNE PARK ROAD SUITE # 2 WINTER HAVEN, FL 33881			Mailing Address PO BOX 2007 HAINES CITY, FL 33845-2007		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2951436 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent OWEN, PATRICIA S 5307 JOHNSON AVE. HAINES CITY, FL 33844	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 249 James Circle Lake Alfred, FL City FL Zip Code 33850				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OWEN, KENNETH A 5307 JOHNSON AVE. HAINES CITY, FL 33844 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OWEN, Kenneth A 249 James Circle Lake Alfred, FL. 33850 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MAWYER, KIMBERLEE O 927 KENBAR STREET HAINES CITY, FL 33844 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Mawyer, Kimberlee O 3000 U.S. Highway 17/92 W. Lot #537 Haines City, FL. 33844 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OWEN, FRANCES G 328 W. MAIN STREET LAKE HAMILTON, FL 33838 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OWEN, Frances G 3000 U.S. Highway 17/92 W. Lot #537 Haines City, FL. 33844 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWEN, SETH A 328 W. MAIN STREET LAKE HAMILTON, FL 33838 <input checked="" type="checkbox"/> Delete		07/30/07 01048 009 \$43.75 000109702000 09/20/07--01027--003 **26.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Kimberlee O. Mawyer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			9/10/07 863-394-8580 <small>Date Daytime Phone #</small>		