

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90046 007 ***150.00

DOCUMENT # M75602

1. Entity Name
BASS ASSASSIN LURES, INC.



Principal Place of Business
**232 SE INDUSTRIAL CR SUITE A
MAYO, FL 32066 US**

Mailing Address
**232 SE INDUSTRIAL CR SUITE A
MAYO, FL 32066 US**

DO NOT WRITE IN THIS SPACE



05052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2885149

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHIVER, ROBIN C., JR.
ROUTE 3, BOX 248
MAYO, FL 32066**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
SHIVER, ROBIN C., JR.
ROUTE 3, BOX 248
MAYO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
SHIVER, ROBIN C., SR.
ROUTE 3, BOX 248
MAYO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
SHIVER, VERA L.
ROUTE 3, BOX 248
MAYO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

Vera L Shiver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-06

Date

Daytime Phone # _____

ATTACHMENT 40093894

#M75602

**Bass Assassin Lures, Inc.
232 SE Industrial Circle Suite A
Mayo, FL 32066**

May 10, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed a check in the amount of \$150.00 for the filing fee of the 2006 Uniform Business Report (UBR). We never received the Uniform Business Report to file our annual report.

If we need to do anything further or if you have questions, please feel free to contact me at the above address. Thank you for your help in this matter.

Sincerely,

Vera L Shiver

Vera Shiver

enclosure