2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003345

City-St-Zip:

EUSTIS, FL 32736

Entity Name: HARRIS CHAIN BASSMASTERS, INCORPORATED

FILED May 06, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 34448 WINDLEY CIRCLE EUSTIS, FL 32736 **Current Mailing Address: New Mailing Address:** 34448 WINDLEY CIRCLE EUSTIS, FL 32736 FEI Number: 59-3606397 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRICE, MICHAEL J 34448 WINDLEY CIRCLE EUSTIS, FL 32736 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete OSTERHOLT, RICK ROBERTS, ANTHONY Name: Name: 1240 LAKEVIEW DR. Address: 16710 BEAUCLAIR CT.. Address: City-St-Zip: EUSTIS, FL 32726 City-St-Zip: TAVARES, FL 32778 Title: () Delete Title: VPD (X) Change () Addition OSTERHOLT, RICK Name: Name: HOGAN, MIKE Address: 16710 BEAUCLAIR CT. Address: 25939 DOGWOOD LANE City-St-Zip: TAVARES, FL 32778 City-St-Zip: ASTATULA, FL 34705 Title: () Delete Title: SD (X) Change () Addition JOHNSON, JOHN MILKINT, JOHN Name: Name: Address: 7613 CR 221 Address: 6282 SAILBOAT AVE. City-St-Zip: WILDWOOD, FL 34785 City-St-Zip: TAVARES, FL 32778 Title: TD () Delete Title: () Change () Addition Name: PRICE, MICHAEL Name: 34448 WINDLEY CIRCLE Address: Address:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MICHAEL J. PRICE TD 05/06/2004