2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N00000003345

Entity Name: HARRIS CHAIN BASSMASTERS, INCORPORATED

Current Principal Place of Business:

16710 BEAUCLAIR CT
TAVARES, FL 32778

New Principal Place of Business:

720 N. ROCKINGHAM AVE
TAVARES, FL 32778

Current Mailing Address:

16710 BEAUCALIR CT.
TAVARES, FL 32778

New Mailing Address:

720 N. ROCKINGHAM AVE
TAVARES, FL 32778

FEI Number: 59-3606397 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSTERHOLT, RICHARD L
16710 BEAUCLAIR CT.
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

WOOD, ROBERT E
720 N. ROCKINGHAM AVE
TAVARES, FL 32778 US

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: ROBERT E WOOD 04/15/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: HOGAN, MIKE
Address: 25939 DOGWOOD LN
City-St-Zip: ASTATULA, FL 34705

Title: VP ( ) Delete
Name: WARREN, RON
Address: 36238 LAKE UNITY DR.
City-St-Zip: FRUITLAND PARK, FL 34731

Title: TRES ( ) Delete
Name: OSTERHOLT, RICK
Address: 16710 BEAUCLAIR CT.
City-St-Zip: TAVARES, FL 32778

Title: SEC ( ) Delete
Name: WILLEQUER, AJ
Address: 116 MAGNOLIA LN
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: WARREN, RON
Address: 36328 LAKE UNITY RD
City-St-Zip: FRUITLAND PARK, FL 34731

Title: VP (X) Change ( ) Addition
Name: WILLEQUER, AJ
Address: 116 MAGNOLIA LN
City-St-Zip: EUSTIS, FL 32726

Title: TRES (X) Change ( ) Addition
Name: WOOD, ROBERT
Address: 720 N. ROCKINGHAM AVE
City-St-Zip: TAVARES, FL 32778

Title: SEC (X) Change ( ) Addition
Name: GOANS, EDWIN
Address: 721 CREEKWATER TER #203
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: ROBERT E WOOD TRES 04/15/2009
Electronic Signature of Signing Officer or Director Date