2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003345

Entity Name: HARRIS CHAIN BASSMASTERS, INCORPORATED

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

16710 BEAUCLAIR CT 720 N. ROCKINGHAM AVE TAVARES, FL 32778 TAVARES, FL 32778

Current Mailing Address: New Mailing Address:

16710 BEAUCALIR CT. 720 N. ROCKINGHAM AVE TAVARES, FL 32778 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: Name and Address of New Registered Agent:

OSTERHOLT, RICHARD L WOOD, ROBERT E
16710 BEAUCLAIR CT. 720 N. ROCKINGHAM AVE
TAVARES, FL 32778 US 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:

itle: 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:

Fitle: 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

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