

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N01000008288	
1. Entity Name 455 HARRISON AVENUE GROUP, INC.	



Principal Place of Business 455 HARRISON AVE., SUITE C PANAMA CITY, FL 32401	Mailing Address 455 HARRISON AVE., SUITE C PANAMA CITY, FL 32401
--	--



**DO NOT WRITE IN THIS SPACE**

04142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 80-0026554	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  BASS, BILL 455 HARRISON AVE. SUITE C PANAMA CITY, FL 32401
--

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
--	--	------------

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BOZARTH, JOHN L 451 MAGNOLIA AVE. PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BENSE, ALLAN 4116 HWY. 231 NORTH PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HALL, GARY L 100 CHERRY ST., STE. 301 PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BASS, WILLIAM D 227 HARRISON AVE. PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000310928  
04/18/05-80025-002 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>W.A. Bass</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>4/15/05</u>	Daytime Phone #: _____
--	----------------------	------------------------