


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90241 041 \*\*\*\*61.25

<b>DOCUMENT # N17698</b> 1. Entity Name OLD SPRINGHILL/BASS CEMETERY, INC.					
Principal Place of Business 4854 SAN MIGUEL MILTON, FL 32583-5601 US			Mailing Address 4854 SAN MIGUEL MILTON, FL 32583-5601 US		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>4940 SAN MIGUEL</b> Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2729024</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  BASS, WILLIAM H. 4854 SAN MIGUEL MILTON, FL 32570			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>4940 SAN MIGUEL</b> City <b>MILTON</b> FL <b>32583</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOMPKINS, H.B. 90 GRANT STREET MOBILE, AL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BASS, WILLIAM H. 4860 SAN MIGUEL MILTON, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4940 SAN MIGUEL</b> <b>MILTON, FL 32583</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BASS, WILLIAM E 4854 SAN MIGUEL MILTON, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4940 SAN MIGUEL</b> <b>MILTON, FL 32583</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BASS, STEPHEN L 4233 SEAPORT RD. PACER, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>William H. Bass</b>			Date <b>4/17/04</b> Daytime Phone # <b>850-438-5899</b>		