


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000014534 1. Entity Name BASSETT MANAGEMENT SERVICES, INC.	
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Principal Place of Business 145 N. SPRING TR. ALTAMONTE SPRINGS, FL 32714	Mailing Address 145 N. SPRING TR. ALTAMONTE SPRINGS, FL 32714
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ADLER, LEE M 145 N. SPRING TR. ALTAMONTE SPRINGS, FL 32714
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07072004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-3636967	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD ADLER, LEE M 145 N. SPRING TR. ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ADLER, MARLENE 145 N. SPRING TRAIL ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS SUGAR, RICHARD A 30 N LASALLE STREET STE 3000 CHICAGO, IL 60602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 607, 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: Lee M. Adler **Lee Adler** 7/21/04 (407) 682-7789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #