

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90144 047 ***150.00

DOCUMENT # P00000034366

1. Entity Name
BASS AND FLATS, INC.



Principal Place of Business
19119 ROGERS ROAD
ODESSA, FL 33556

Mailing Address
19119 ROGERS ROAD
ODESSA, FL 33556



02202007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3640607

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HUTCHENS, GREG
19119 ROGERS ROAD
ODESSA, FL 33556

**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

Signature, typed or printed name of registered agent, and fee if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HUTCHENS, GREGORY D
STREET ADDRESS	19119 ROGERS ROAD
CITY-ST-ZIP	ODESSA, FL 33556

TITLE	VP
NAME	SUSAN CAMAHAN
STREET ADDRESS	19119 Rogers Rd
CITY-ST-ZIP	ODESSA FL 33556

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #