2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 03, 2004 08:00 AM DOCUMENT # P00000050965 **Secretary of State** 1. Entity Name HAULIN' BASS, INC. Principal Place of Business Mailing Address 249 STARMOUNT DRIVE 249 STARMOUNT DRIVE TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc MOORE CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 59-3648922 Not Applicable Country Zın Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BASS, ROBERT E JR. Street Address (P.O. Box Number is Not Acceptable) 249 STARMOUNT DRIVE TALLAHASSEE FL 32303 City Zio Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11___ OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE BASS, ROBERT E JR NAME NAME STREET ADDRESS 249 STARMOUNT DRIVE STREET ADDRESS TALLAHASSEE FL 32303 CITY - ST - ZIP CITY-ST-ZIP Change Addition | TITLE ☐ Delete TITLE NAME NAME U00000074782 STREET ADDRESS 03/03/04-80032-018 150.00 STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Defete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST - ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Robert E Bass Jr 1/21/04 850 523-0270

FILED