FILED
Apr 26, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000065245

1. Entity Name
THREE BASS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2829 S.W. 45 NEWBERRY, FL 32696	2829 S.W. 45 NEWBERRY, FL 32696

DO NOT WRITE IN THIS SPACE

04112006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3690143
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BASS, MARION S
2829 S.W. 45
NEWBERRY, FL 32696

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	BASS, MARION S
STREET ADDRESS	2829 SW SR 45
CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	VP
NAME	BASS, WAYNE M
STREET ADDRESS	3724 SW 266 SY
CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	ST
NAME	BASS, CINDY J
STREET ADDRESS	2420 SE CR 337
CITY-ST-ZIP	TRENTON, FL 32693
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Marion S. Bass MARION S. BASS 4-25-06 352 538-2064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #