


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90007 037 ***150.00

DOCUMENT # P00000068006 1. Entity Name BASS REAL ESTATE, INC.			
Principal Place of Business 5488 S. SUNCOAST BLVD. HOMOSASSA, FL 34446		Mailing Address 5488 S. SUNCOAST BLVD. HOMOSASSA, FL 34446	
2. Principal Place of Business 6429 S. Rosedale DR. Suite, Apt. #, etc.		3. Mailing Address PO BOX 772 Suite, Apt. #, etc.	
City & State HOMOSASSA, FL Zip 34448 Country USA		City & State HOMOSASSA Springs, FL Zip 34447 Country USA	
4. FEI Number 59-3657951		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BASS, CHARLENE H 5490 S. SUNCOAST BLVD., SERVOS SQ. HOMOSASSA, FL 34446		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6429 S. Rosedale, DR City HOMOSASSA FL 34448	
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 <u>Charlene H Bass</u> DATE 5-15-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
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.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BASS, CHARLENE 5009 S GRAND CIRCLE TERRACE HOMOSASSA, FL 34446	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 6429 S. Rosedale DR. HOMOSASSA, FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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 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: <u>Charlene H Bass</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Charlene H. Bass		5-15-04 3526281441 <small>Date Daytime Phone #</small>	