

2007 FOR PROFIT CORPORATION ANNUAL REPORT


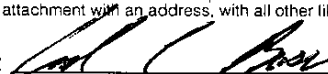
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Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90073 020 ***150.00

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01302007 Chg-P CR2E034 (12/06)

DOCUMENT # P00000087541					
1. Entity Name BASS BROTHERS PRODUCTION PAINTING, INC.					
Principal Place of Business 443 INTERSTATE CT UNIT 447 SARASOTA, FL 34240			Mailing Address 443 INTERSTATE CT UNIT 447 SARASOTA, FL 34240		
2. Principal Place of Business - No P.O. Box # 447 Interstate Court		3. Mailing Address 447 Interstate Court			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sarasota, Florida		City & State Sarasota, Florida		4. FEI Number 59-3673363	
Zip 34240		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BASS, ANDREW C 3919 TORA PLACE SARASOTA, FL 34241			7. Name and Address of New Registered Agent Name Andrew C. Bass Street Address (P.O. Box Number is Not Acceptable) 447 Interstate Court City Sarasota, FL 34240		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BASS, ANDREW C <input type="checkbox"/> Delete 3919 TORA PL. SARASOTA, FL 34241		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P T D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BASS, ANDREW C. 447 Interstate Court Sarasota FL 34240	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete BASS, STEVEN 4442 MCINTOSH PT DR 1105 SARASOTA, FL 34232		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BASS, CHARLENE S. 447 Interstate Court Sarasota FL 34240	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			2-1-07 941-650-4721		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		