2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 15 PM 3:23

DOCUMENT # P01000064390

1. Entity Name
BASKETHOUND, INCORPORATED

Principal Place of Business	Mailing Address
1321 ALPINE AVE NAVARRE, FL 32566	P.O.BOX 5504 NAVARRE, FL 32566

2. Principal Place of Business	3. Mailing Address
1821 Alpine Ave Suite, Apt. #, etc.	Po. Box 5504 Suite, Apt. #, etc.
City & State: NAVARRe, FL.	City & State: NAVARRe, FL.
Zip: 32566 County: SANTA ROSA	Zip: 32566 County: SANTA ROSA

11042005 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3729114 ☐ Applied For ☑ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GODDIN, TRUDY N 6701 PASO DE CORTEZ NAVARRE, FL 32566 (Deceased)	Name: Betty S. JeRNiGAN Street Address (P.O. Box Number is Not Acceptable): 2424 PAWNee DR. City: NAVARRe FL Zip Code: 32566

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: Betty S. Jernigan 11-07-05
(Signature of new registered agent, if applicable) (Name of Registered Agent, typed or printed) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution ☐ $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	PVTS TRUDY. GODDIN 6701 PASO DE CORTEZ NAVARRE, FL 32566	☐ Delete	PVTS Betty JeRNiGAN 2424 PAWNee DR. NAVARRe, FL 32566	☐ Change ☐ Addition
		☐ Delete	100061449341 11/15/05--01075--002 **61.25	☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ 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: Betty Jernigan Betty JeRNiGAN NOV. 07-05
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #