

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90108 028 \*\*\*150.00

**DOCUMENT # P01000116564**

1. Entity Name  
**BASS FLOORS, INC.**



Principal Place of Business  
**5009 S GRAND CIR TERR  
HOMOSASSA, FL 34446**

Mailing Address  
**5009 S GRAND CIR TERR  
HOMOSASSA, FL 34446**

**50049323**



2. Principal Place of Business  
**6429 S. Rosedale DR**

3. Mailing Address  
**PO BOX 2618**

Suite, Apt. #, etc.

05012005 Chg-P CR2E034 (10/03)

City & State  
**HOMOSASSA FL**

City & State  
**HOMOSASSA SPRINGS, FL**

Zip  
**34448**

Country  
**USA**

Zip  
**34447**

Country  
**USA**

4. FEI Number  
**80-0033538**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**BASS, WILLIAM F  
5009 S GRAND CIR TERR  
HOMOSASSA, FL 34446**

**William F Bass P**

7. Name and Address of New Registered Agent  
Name  
**William F. Bass**

Street Address (P.O. Box Number is Not Acceptable)  
**6429 S. Rosedale DR**

City  
**HOMOSASSA FL**

Zip  
**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 \_\_\_\_\_ DATE **4-30-05**

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

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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	DP BASS, WILLIAM F 5009 S GRAND CIR TERR HOMOSASSA, FL 34446 <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	DVST BASS, CHARLENE H 6429 S. ROSEDALE DR. HOMOSASSA, FL 34448 <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
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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 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: **Charlene F Bass VP** DATE: **4-30-05** DAYTIME PHONE: **3526281441**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR