

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000056876

**FILED**  
**May 02, 2004**  
**Secretary of State**

**Entity Name:** BASE FINANCE, INC.

**Current Principal Place of Business:**

4726 NORTH LOIS AVENUE, A-2  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

4726 NORTH LOIS AVENUE, A-2  
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number:** 04-3675371      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLYOUNG, JOHN  
4726 NORTH LOIS AVENUE, A-2  
TAMPA, FL 33614

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FROLICK, WALTER A  
Address: 4065 REYNOLDSBURG NEW ALBANY ROAD  
City-St-Zip: NEW ALBANY, OH 43054

Title: STD ( ) Delete  
Name: FROLICK, WALTER A  
Address: 4065 REYNOLDSBURG NEW ALBANY ROAD  
City-St-Zip: NEW ALBANY, OH 43054

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: FROLICK, WALTER A  
Address: 7869 PETER HOOVER RD  
City-St-Zip: NEW ALBANY, OH 43054

Title: STD (X) Change ( ) Addition  
Name: FROLICK, WALTER A  
Address: 7869 PETER HOOVER RD  
City-St-Zip: NEW ALBANY, OH 43054

Title: VP ( ) Change (X) Addition  
Name: FROLICK, ROBERTA A  
Address: 7869 PETER HOOVER RD  
City-St-Zip: NEW ALBANY, OH 43054

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER FROLICK

PD

05/02/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date