


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2007 8:00 am
Secretary of State

07-06-2007 90001 006 ***150.00

DOCUMENT # P02000071288 1. Entity Name BASFORD WELL, INC.					
Principal Place of Business 4513 LAFAYETTE STREET MARIANNA, FL 32448			Mailing Address 4513 LAFAYETTE STREET MARIANNA, FL 32448		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 01-0727011				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 BASFORD, CHARLES D 4513 LAFAYETTE STREET MARIANNA, FL 32448			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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	DPST BASFORD, FREDERICK M 4513 LAFAYETTE STREET MARIANNA, FL 32448 <input checked="" 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	V BASFORD, CHARLES D 4626 PINEVIEW DRIVE MARIANNA, FL 32446 <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	OPST BASFORD, LESTER 4513 LAFAYETTE STREET MARIANNA, FL 32448 <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 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: <i>Lester Basford</i>			Date: 7-5-07		

ATTACHMENT
40123045
#P02000071288 July 5, 2007

Division Corporations
P.O. Box 1500
Tallahassee, FL 32320-1500

I hereby enclose a check in the amount of \$150.00 for the renewal of our corporation. I apologize for the oversight and respectfully request that the \$400.00 penalty be waved as some circumstances beyond my control are in play.

Thank you for your consideration,



Lester Basford, President