

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90029 041 ***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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03252008

Chg-P

CR2E034 (12/06)

4. FEI Number
01-0727011

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete
NAME **BASFORD, CHARLES D**
STREET ADDRESS **4626 PINEVIEW DRIVE**
CITY-ST-ZIP **MARIANNA, FL 32446**

TITLE **OPST** ☒ Delete
NAME **BASFORD, LESTER**
STREET ADDRESS **4513 LAFAYETTE STREET**
CITY-ST-ZIP **MARIANNA, FL 32448**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Bastford, Charles D**
STREET ADDRESS **6491 Americus Rd**
CITY-ST-ZIP **Marianna, FL 32446**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Sec. Treasurer** ☐ Change ☒ Addition
NAME **Bastford, Frederick M**
STREET ADDRESS **2163 Hwy 71 South**
CITY-ST-ZIP **Marianna, FL 32448**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Bastford, Thomas**
STREET ADDRESS **4626 Pineview Drive**
CITY-ST-ZIP **Marianna, FL 32446**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Bastford

3/25/08

Date

850-526-3913

Daytime Phone #