

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-28-2004 90266 042 ***150.00
P02000102835

DOCUMENT # P02000102835

1. Entity Name

B.A.S..DEVELOPMENT, INC.



FILED
CLERK OF THE
VISION OF CORPORATION

04 JUN 17 PM 4: 14

34043209

Principal Place of Business

11311 NORTH EDISON
TAMPA FL 33612

Mailing Address

11311 NORTH EDISON
TAMPA FL 33612

2. Principal Place of Business

11311 N EDISON AV

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33612

Country

Zip

33612

Country

4. FEI Number

81-0651280

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARNHART, GARY
11311 NORTH EDISON
TAMPA FL 33612

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

Gary L. Barnhart

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

(NOTE: Registered Agent signature required when reconstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D BARNHART, GARY
NAME: BARNHART, GARY
STREET ADDRESS: 11311 NORTH EDISON
CITY-ST-ZIP: TAMPA FL 33612

☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: ☐ Change ☐ Addition
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CITY-ST-ZIP:

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CITY-ST-ZIP:

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:

GARY L. BARNHART
GARY L. BARNHART

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3 9337783
7/16/04

Date

Daytime Phone #