## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000018588

1. Entity Name

BASS INVESTMENT GROUP, INC.



FILED
Jan 20, 2005 08:00 AM
Secretary of State

Principal Place of Business

1717 S OCEAN BLVD STE 20 LAUDERDALE BY SEA, FL 33062 Mailing Address

1717 S OCEAN BLVD STE 20 LAUDERDALE BY SEA, FL 33062



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4. FEI Number Applied For 51-0446230 Not Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BASS, DONETTA 1717 S OCEAN BLVD STE 20 LAUDERDALE BY SEA, FL 33062

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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution, Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME BASS, DONETTA 1717 S OCEAN BLVD STE 20 STREET ADDRESS CITY-ST-ZIP LAUDERDALE BY SEA, FL 33062 TITLE NAME STREET ADDRESS 2. 1. Lings April 1985 1985 CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITI F NAME STREET ADORESS CITY-ST-7P TITLE NAME STREET ADDRESS 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: \_

TITLE NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11405 Date

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Daytime Phone #