

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 26, 2006 8:00 am**  
**Secretary of State**

06-12-2006 90001 047 \*\*\*150.00

**DOCUMENT # P03000106331**

1. Entity Name  
**RICK BASHAM, INC.**



Principal Place of Business  
**892 E HWY 98  
DESTIN, FL 32541**

Mailing Address  
**892 E HWY 98  
DESTIN, FL 32541**

**66020775**



2. Principal Place of Business  
**892 E. HWY 98**

3. Mailing Address  
**892 E. HWY 98**

Suite, Apt. #, etc.

05302006 Chg-P CR2E034 (11/05)

City & State  
**Destin, FL**

City & State  
**Destin, FL**

Zip  
**32541**

Country

4. FEI Number  
**20-0233408**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**STECKLEIN, MONIQUE M  
PO BOX 1685  
FORT WALTON BEACH, FL 32549**

7. Name and Address of New Registered Agent  
Name **Stecklein, Monique M**  
Street Address (P.O. Box Number is Not Acceptable)  
**367 Osborne Drive**  
City **Fort Walton Beach FL** Zip Code **32549**

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 reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	<b>D BASHAM, RICHARD L 616 LAGOON DR DESTIN, FL 32541</b> <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	<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	<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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

ATTACHMENT

6,602,077.75

# P03000106331

To:  
Department of State,

We received our check back along with this form, it has been signed and I am  
resending it.

Regards,  
Paula Davis  
Secretary to Rick Basham