2004 FOR PROFIT CORPORATION ANNUAL REPORT

JOCUMENT # P03000138406

1. Entity Name

JASON BASS CARPENTRY INC.



FILED Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90358 039 ***150.00

				' ·	
Principal Plac	ce of Business	Mailing Address	:		
6555-138 OLD LAKE WILSON RD DAVENPORT, FL 33896		6555-138 OLD LAKE WILSON RD DAVENPORT, FL 33896			
2 Principal	Place of Business	1 a Maifrey Andrews			
	-138 Old Lake	3. Mailing Address			
Suite, Apt. #, etc. Wilson Road		Suite, Apt. #, etc.		01062004 Chg-P	CR2E034 (10/03)
City & Sta		City & State		4. FEI Number 43-203(0)	Applied Fo
3380	16 POIK	Zip	Country	5. Certificate of Status Desir	¢0.75
	6. Name and Address of Current F	Registered Agent		7. Name and Address of No	•
	SONJA J SSIE LANE EE, FL 33896		City	SON BOSS S (P.O. BOX Number is Not Accep - 138 Old LOCK 2000rt	EWISO Rd
8. The above the obligation	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or regist	lered agent, or both, in the State of	of Florida. I am familiar with, and acc
SIGNATURE.	Signature, typed or printed name of registered agent as	nd title if apolicable. (NOTE	: Registered Agent signature requi	red when reinstation)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0		" — "	5.00 May Be dided to Fees	OFFICERS AND DIRECTORS IN 11
TMLE	OFF	☐ Delete	TITLE	ABBITIONO/ONANGES TO	Change Ad
NAME STREET ADDRESS CITY-ST-ZIP	CROSIER, ALICIA 6555-138 OLD LAKE WILSON RE DAVENPORT, FL 33896		NAME STREET ADDRESS CITY-ST- ZIP		E Glango , a
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Registered Agent Sorgia J. Bailed 1722 Brassle Lane Kissummer, FL	26 Delete	NAME STREET ADDRESS GG	gistered Agent son Rass 65-138 old Lake Avenant FL 3	e Wilson Rd 8894
TITLE	President/	☐ Delete	TITLE Pro	esident/owner	Change 🚰 Ad
- NAME STREET ADDRESS CITY-ST-ZIP	The state of the s	ر المستقد المس	STREET ADDRESS CITY-ST-ZIP	1907-Bass 55-138 old Lake Ovenport, A. 39	Wilson Ad
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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 informati 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 direct 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 or changed, or on an attachment with an address, with all other like empowered.

X Jan Ba