2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000090232

Entity Name

BASS FURNITURE COMPANY, INC.



FILED Mar 23, 2006 08:00 AM Secretary of State

Principal Place of Business

2700 W. CERVANTES STREET PENSACOLA, FL 32505

Mailing Address

2700 W. CERVANTES STREET PENSACOLA, FL 32505



DO NOT WRITE IN THIS SPACE

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3283516

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

BASS, KENNETH E 2700 W. CERVANTES STREET PENSACOLA, FL 32505

DO NOT WRITE IN THIS SPACE

| | | | | 114 | I NIS SPACE |
|--|---|---|---------------|--|--|
| | named entity submits this statement for the plants of registered agent. | ourpose of changing its registered | office or I | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and accept |
| SIGNATURE. | Signature, typed or printed name of registered agent and tide | it applicable. INOTE, Registered A | gent signatur | required when reinstaling) | DATE |
| FIL After M | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financii Trust Fund Contribution. | σ. Π | \$5.00 May Be Added to Fees | U00000479033 |
| 10. | OFFICERS AND DIREC | CTORS | | | -04/08/06-89020-021-150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP BASS, KENNETH E 2700 W. CERVANTES STREET PENSACOLA, FL | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVST BASS, J. L 2700 W. CERVANTES STREET PENSACOLA, FL | | | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY -ST-ZIP | | | | IN ' | THIS SPACE |
| TITLE NAME STREET ADDRESS CYTY-ST-ZIP | પ્રકલાક્ષ્ટ જેવા ઇન્ટોડ | १८ ८ ६६ <u> </u> | | | |
| DILE | . මා ගැන ඉත් නැසු සුදු අතුමුතු ලබ මා ගැන ඉත් නැසු සුදු අතුමුතු ලබ | 10.6. Förd Cobjectivesis 11. 5 serven auchbertör Hussis. | F., | Section 12 the section of the sectio | t |

12. I hereby certify that the information supplied with this filling 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 ampaddress, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

(). L. BAS

3-20-06

432-6265