

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000026335

1. Entity Name
DANNY BASS CONSTRUCTION, INC.



Principal Place of Business
3369 CR 528
SUMTERVILLE, FL 33585 US

Mailing Address
3369 CR 528
SUMTERVILLE, FL 33585 US

FILED
Apr 19, 2007 08:00 AM
Secretary of State



04172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3302020

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BASS, NITA R
3369 CR 528
SUMTERVILLE, FL 33585

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$850.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BASS, DANNY D
STREET ADDRESS 3369 R 528
CITY-ST-ZIP SUMTERVILLE, FL 33585

TITLE SD
NAME BASS, NITA R
STREET ADDRESS 3369 CR 528
CITY-ST-ZIP SUMTERVILLE, FL 33585

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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04/30/07-80054-005 150.00

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 #

4/17/07

352-326-0700