



**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90048 036 \*\*\*150.00

DOCUMENT # 219251					
1. Entity Name BASSETT BROTHERS, INC.					
Principal Place of Business 49941 GLEN CASTLE DRIVE TALLAHASSEE, FL 32309			Mailing Address PO BOX 561 MONTICELLO, FL 32345		
2. Principal Place of Business - No P.O. Box # 4991 GLEN CASTLE DR.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01252007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 59-6078501	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BASSETT, W W III 4991 GLEN CASTLE DRIVE TALLAHASSEE, FL 32309				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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: <i>WW Bassett III</i> WW BASSETT III				DATE: 2-22-07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	STD <input type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TRAWICK, LUCY B	NAME	LUCY B TRAWICK		
STREET ADDRESS	324 N SUNSET CIR	STREET ADDRESS	324 N. SUNSET CIR		
CITY-ST-ZIP	GULF BREEZE, FL	CITY-ST-ZIP	GULF BREEZE, FL 32561		
TITLE	VPD <input type="checkbox"/> Delete	TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CSAR, MARY B	NAME	MARY B CSAR		
STREET ADDRESS	801 SW 16TH ST	STREET ADDRESS	801 SW 16TH ST		
CITY-ST-ZIP	BOCA RATON, FL	CITY-ST-ZIP	BOCA RATON, FL 33486		
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	GOSSELIN, CAROLYN B	NAME			
STREET ADDRESS	1402 SOVEREIGN COURT	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32804	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE			
NAME	BASSETT, WILMER W. III	NAME			
STREET ADDRESS	4991 GLEN CASTLE DRIVE	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32309	CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>WW Bassett III</i> WW BASSETT III				DATE: 2/22/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	