


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90045 041 ***150.00

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1. Entity Name
BASS, NIXON & KENNEDY, INC.



Principal Place of Business Mailing Address
6310 CHAPEL HILL RD., SUITE 250 **6310 CHAPEL HILL RD., SUITE 250**
RALEIGH, NC 27607 **RALEIGH, NC 27607**

40123410



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07052007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
56-0991996 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NIXON, LARRY D PE	
STREET ADDRESS	6310 CHAPEL HILL RD., SUITE 250	
CITY-ST-ZIP	RALEIGH, NC 27607	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAVENPORT, ED	
STREET ADDRESS	6310 CHAPEL HILL RD., SUITE 250	
CITY-ST-ZIP	RALEIGH, NC 27607	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILSON, SCOTT	
STREET ADDRESS	6310 CHAPEL HILL RD., SUITE 250	
CITY-ST-ZIP	RALEIGH, NC 27607	
TITLE	V	<input type="checkbox"/> Delete
NAME	BELL, K. ROBERT	
STREET ADDRESS	6310 CHAPEL HILL RD., SUITE 250	
CITY-ST-ZIP	RALEIGH, NC 27607	
TITLE	V	<input type="checkbox"/> Delete
NAME	SECHLER, JOSEPH	
STREET ADDRESS	6310 CHAPEL HILL RD., SUITE 250	
CITY-ST-ZIP	RALEIGH, NC 27607	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOHNSON, JEFF	
STREET ADDRESS	6310 CHAPEL HILL RD., SUITE 250	
CITY-ST-ZIP	RALEIGH, NC 27607	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nixon, Larry D. PE	
STREET ADDRESS	6310 Chapel Hill Rd., S-250	
CITY-ST-ZIP	Raleigh, NC 27607	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davenport, Ed PLS	
STREET ADDRESS	6310 Chapel Hill Rd., Suite 250	
CITY-ST-ZIP	Raleigh, NC 27607	
TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mitchell, Harry PE	
STREET ADDRESS	6310 Chapel Hill Rd., Suite 250	
CITY-ST-ZIP	Raleigh, NC 27607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Burleson, Matt, PE	
STREET ADDRESS	6310 Chapel Hill Rd., Suite 250	
CITY-ST-ZIP	Raleigh, NC 27607	
TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rogers, Keith P.	
STREET ADDRESS	6310 Chapel Hill Rd., Suite 250	
CITY-ST-ZIP	Raleigh, NC 27607	

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: Keith P. Rogers 7/6/07 (919)-851-4422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #