


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 283088
 1. Entity Name
 GRASSY POINT, INC.



Principal Place of Business Mailing Address
 801 W GARDEN ST 801 W GARDEN ST
 PENSACOLA, FL 32501 PENSACOLA, FL 32501



DO NOT WRITE IN THIS SPACE

01062005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-1150904 Not Applicable

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

6. Name and Address of Current Registered Agent
 SCOTT, DONN G
 801 W. GARDEN STREET
 PENSACOLA, FL 32501

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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 _____ DATE _____
Signature, typed or printed name of registered agent and Title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCABEE, LEE KERRY
STREET ADDRESS	6608 KINGSWOOD LANE, NE
CITY-ST-ZIP	CEDAR RAPIDS, IA 54202
TITLE	VP
NAME	MCABEE, III, WILLIAM W
STREET ADDRESS	9 DUNWOODY PARK, SUITE 136
CITY-ST-ZIP	ATLANTA, GA 30336
TITLE	ST
NAME	MCABEE, NANCY G
STREET ADDRESS	10457 NELAND STREET
CITY-ST-ZIP	RALEIGH, NC 27614
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000283041
 04/04/05-80013-004 150.00

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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)(f), 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: *Lee Kerry McAbee* *Don G Miller* 3/9/05 319-533-0262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #