


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90026 024 \*\*\*150.00

<b>DOCUMENT # 283088</b> 1. Entity Name <b>GRASSY POINT, INC.</b>	
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Principal Place of Business <b>801 W GARDEN ST PENSACOLA, FL 32501</b>	Mailing Address <b>801 W GARDEN ST PENSACOLA, FL 32501</b>
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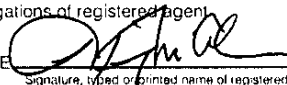
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03052007	Chg-P	CR2E034 (12/06)
4. FEI Number <b>59-1150904</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

<b>6. Name and Address of Current Registered Agent</b>  SCOTT, DONN G 801 W. GARDEN STREET PENSACOLA, FL 32501	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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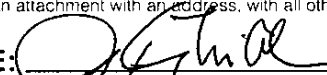
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  3/15/07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCABEE, LEE KERRY	NAME	
STREET ADDRESS	6608 KINGSWOOD LANE, NE	STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS, IA 54202	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCABEE, III, WILLIAM W	NAME	
STREET ADDRESS	9 DUNWOODY PARK, SUITE 136	STREET ADDRESS	4084 Club Drive
CITY-ST-ZIP	ATLANTA, GA 30338	CITY-ST-ZIP	Atlanta, Ga 30319
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCABEE, NANCY G	NAME	
STREET ADDRESS	10457 NELAND STREET	STREET ADDRESS	1159 Fairway Gardens
CITY-ST-ZIP	RALEIGH, NC 27614	CITY-ST-ZIP	Atlanta, Ga 30319
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **L. Kerry McCabe** 3/15/07 3A-386-2826  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #