


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90012 040 ***150.00

DOCUMENT # F63283				
1. Entity Name GRASS MASTER, INC.				
Principal Place of Business 2594 CENTERVILLE RD. TALLAHASSEE FL 32308		Mailing Address GRASSMASTER INC P O BOX 494 THOMASVILLE GA 31799		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent RAYBURN, DAVID A 2594 CENTERVILLE RD. TALLAHASSEE FL 32308				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAYBURN, DAVID A	NAME		
STREET ADDRESS	US 19 SOUTH (P.O. BOX 494)	STREET ADDRESS		
CITY-ST-ZIP	THOMASVILLE GA 31799	CITY-ST-ZIP		
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAYBURN, MAXINE	NAME		
STREET ADDRESS	US 19 SOUTH (P.O. BOX 494)	STREET ADDRESS		
CITY-ST-ZIP	THOMASVILLE GA 31799	CITY-ST-ZIP		
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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 exemption stated in Section 119.07(3)(i), 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>David A. Rayburn</i>		Date: <i>3-16-04</i> Daytime Phone #: <i>385-0395</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				

JYU10YU1



MOORE CR2E034 (11/03)

4. FEI Number **58-1469125** Applied For Not Applicable

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

FL Zip Code

229-222-9494