## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 07, 2005 08:00 AM Secretary of State **DOCUMENT # F63283** Entity Name GRASS MASTER, INC. Principal Place of Business Mailing Address 2594 CENTERVILLE RD. GRASSMASTER INC P O BOX 494 THOMASVILLE GA 31799 TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For City & State 58-1469125 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAYBURN, DAVID A Street Address (P.O. Box Number is Not Acceptable) 2594 CENTERVILLE RD. TALLAHASSEE FL 32308 City Zip Code 3. 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 no il applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 000000291339 UUUUUU291339 ☐ Change 04/07/05-80025-020 150.00 TITLE □ Delete It It F Addition RAYBURN, DAVID A NAMI MAME STREET ADDRESS US 19 SOUTH (P.O. BOX 494) STREET ADDRESS CITY-ST-ZIP THOMASVILLE GA 31799 CITY-ST-ZIP ☐ Change HILL ☐ Delete ☐ Addition THE RAYBURN, MAXINE NAME NAM US 19 SOUTH (P.O. BOX 494) STREET ADDRESS STREET ADDRESS CITY-ST-ZIP THOMASVILLE GA 31799 CHY-ST-ZIP THE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP OTY-ST-ZIP Delete TITLE TrTLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP [] Change Addition HILE Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP WE Change Addition Delete 100 NAME NAME STREET ADDRESS STREET ARRESS 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:

**FILED** 

850-385-0321