

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004418

FILED
Jan 17, 2008
Secretary of State

Entity Name: NASGRASS, INC.

Current Principal Place of Business:

100 RODEO ROAD
LABELLE, FL 33935 US

New Principal Place of Business:

1155 PRATT BOULEVARD
LABELLE, FL 33975 US

Current Mailing Address:

1455 CARRINGTON AVE.
SEBRING, FL 33875 US

New Mailing Address:

P. O. BOX 425
LABELLE, FL 33935 US

FEI Number: 65-0444801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WHITESIDE, SIDNEY L
1455 CARRINGTON AVE
SEBRING, FL 33875 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: WHITESIDE, SIDNEY
Address: 1455 CARRINGTON AVE.
City-St-Zip: SEBRING, FL 33875

Title: V () Delete
Name: MOUNT, BRIAN
Address: 1908 WANDA AVENUE NORTH
City-St-Zip: LEHIGH ACRES, FL 33971

Title: T () Delete
Name: MOUNT, ROSE
Address: 1908 WANDA AVENUE NORTH
City-St-Zip: LEHIGH ACRES, FL 33971

Title: S () Delete
Name: GILBERT, JERRY E
Address: 12104 PLATANO DRIVE
City-St-Zip: PUNTA GORDA, FL 33955

Title: D () Delete
Name: KUHfeldt, DOC
Address: 5734 RILMA AVENUE
City-St-Zip: SARASOTA, FL 34234

Title: D () Delete
Name: KUHfeldt, BECKY
Address: 5734 RILMA AVENUE
City-St-Zip: SARASOTA, FL 34234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIDNEY L. WHITESIDE

PC

01/17/2008

Electronic Signature of Signing Officer or Director

Date