


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

|  |                  |  |
|--|------------------|--|
| DOCUMENT # P01000052399  |                  |                                   |
| 1. Entity Name<br>BLADES OF GRASS, INC.  |                  |  |
| Principal Place of Business<br>15476 NW 77 CT<br># 413<br>MIAMI LAKES, FL 33016  |                  | Mailing Address<br>15476 NW 77 CT<br># 413<br>MIAMI LAKES, FL 33016  |
| DO NOT WRITE IN THIS SPACE   |                  |  |
| 6. Name and Address of Current Registered Agent<br><br>LEASE, JOSEPH<br>7472 NW 169 LANE<br>MIAMI, FL 33015  |                  | DO NOT WRITE<br>IN THIS SPACE  |
| B. 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 _____<br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |                  |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00  |                  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
| 10. OFFICERS AND DIRECTORS   |                  | DO NOT WRITE<br>IN THIS SPACE  |
| TITLE  | VS               |  |
| NAME   | LEASE, HELEN     |  |
| STREET ADDRESS   | 7472 NW 169 LN   |  |
| CITY-ST-ZIP  | MIAMI, FL 33015  |  |
| TITLE  | PT               |  |
| NAME   | LEASE, JOE       |  |
| STREET ADDRESS   | 7492 NW 169 LANE |  |
| CITY-ST-ZIP  | MIAMI, FL 33015  |  |
| TITLE  |                  | DO NOT WRITE<br>IN THIS SPACE  |
| NAME   |                  |  |
| STREET ADDRESS   |                  |  |
| CITY-ST-ZIP  |                  |  |
| TITLE  |                  | DO NOT WRITE<br>IN THIS SPACE  |
| NAME   |                  |  |
| STREET ADDRESS   |                  |  |
| CITY-ST-ZIP  |                  |  |
| TITLE  |                  | DO NOT WRITE<br>IN THIS SPACE  |
| NAME   |                  |  |
| STREET ADDRESS   |                  |  |
| 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 supplement thereto 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: <u>Joseph Lease</u>   |                  | 100042605341<br>11/09/04--01065--009 **150.00  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                  | DATE: 10/22/04   |

FILED

04 NOV -9 PM 12: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04202004 No Chg-P CP2E034 (10/03)

4. FEI Number  
65-1108474Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DATE

DO NOT WRITE  
IN THIS SPACE*10/11/04*

10/22/04 786-223-005

**BLADES OF GRASS**  
15476 N.W. 77<sup>TH</sup> COURT #413  
MIAMI LAKES, FL 33016

October 22, 2004

Secretary of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: 2004 For Profit Corporation Annual Report  
Blades of Grass  
Document #P01000052399**

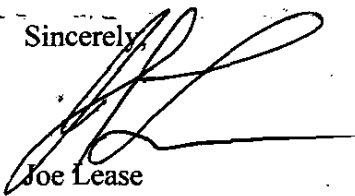
To Whom It May Concern:

Please be advised that the above referenced form, along with our payment of \$150.00, were mailed on April 22, 2004. For some reason the check never cleared the bank. The only notification that we have received is this card advising us of the dissolution of the corporation.

Please reinstate the corporation. We are enclosing another form, along with a replacement check.

Should you have any questions or concerns, please do not hesitate to contact me at (786) 223-0651.

Sincerely,



Joe Lease  
President