

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90131 011 \*\*\*150.00

<b>DOCUMENT # P03000030323</b> 1. Entity Name <b>BLUE GRASS OF CENTRAL FL, INC.</b>			
Principal Place of Business <b>20 RUSSKIN LANE</b> <b>PALM COAST, FL 32164 US</b>		Mailing Address <b>P.O. BOX 354383</b> <b>PALM COAST, FL 32135 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>1515 A Ridge Wood Ave</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Holly Hill FL</b>	
Zip <b>32119</b>	Country	4. FEI Number <b>42-1615935</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>CHADWELL, WILLIAM R</b> <b>20 RUSSKIN LANE</b> <b>PALM COAST, FL 32164</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>JOE Loguidice</b> Street Address (P.O. Box Number is Not Acceptable) <b>1515 A Ridge Wood Ave</b> City <b>Holly Hill</b> <b>FL</b> <b>32119</b>	
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  <small>Signature, typed or printed name of registered agent and title, if applicable</small>		(NOTE: Registered Agent signature required when reinstating)  DATE <b>4/18/08</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CHADWELL, WILLIAM R</b>	TITLE <b>NAME</b>		NAME <b>NAME</b>
STREET ADDRESS <b>20 RUSSKIN LANE</b>	STREET ADDRESS <b>STREET ADDRESS</b>		STREET ADDRESS <b>STREET ADDRESS</b>
CITY-ST-ZIP <b>PALM COAST, FL 32164</b>	CITY-ST-ZIP <b>CITY-ST-ZIP</b>		CITY-ST-ZIP <b>CITY-ST-ZIP</b>
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TITLE <b>NAME</b>		TITLE <b>NAME</b>	
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CITY-ST-ZIP <b>CITY-ST-ZIP</b>		CITY-ST-ZIP <b>CITY-ST-ZIP</b>	
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.			
<b>SIGNATURE:</b>		<b>4/30/08</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	