
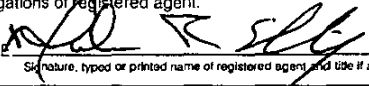
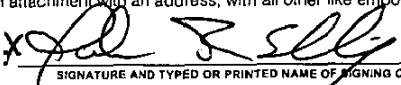


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90090 024 ***150.00

DOCUMENT # P04000059858 1. Entity Name THE GRASS DOCTOR, INC.					
Principal Place of Business 3028 CLEWISTON STREET SPRING HILL, FL 34609			Mailing Address 3028 CLEWISTON STREET SPRING HILL, FL 34609		
2. Principal Place of Business 1516 MEADOWLARK ROAD Suite, Apt. #, etc.		3. Mailing Address 1516 MEADOWLARK ROAD Suite, Apt. #, etc.			
City & State SPRING HILL, FL		City & State SPRING HILL, FL		4. FEI Number 20-1076945	
Zip 34608		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EBBING, JOHN R 3028 CLEWISTON STREET SPRING HILL, FL 34609			7. Name and Address of New Registered Agent Name EBBING, JOHN R. Street Address (P.O. Box Number is Not Acceptable) 1516 MEADOWLARK ROAD City SPRING HILL FL Zip Code 34608		
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  X 3/13/06 <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, 2006 Fee will be \$550.00			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 NAME STREET ADDRESS CITY-ST-ZIP	DPST EBBING, JOHN R 3028 CLEWISTON STREET SPRING HILL, FL 34609 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1516 MEADOWLARK ROAD SPRING HILL, FL 34608	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EBBING, JAMES R 3028 CLEWISTON STREET SPRING HILL, FL 34609 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1516 MEADOWLARK ROAD SPRING HILL, FL 34608	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE  JOHN R. EBBING <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			X 3/13/06 <small>Date</small>		