


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-02-2008 90032 017 \*\*\*150.00

<b>DOCUMENT # P04000059858</b>	
1. Entity Name <b>THE GRASS DOCTOR, INC.</b>	

Principal Place of Business <b>1516 MEADOWLARK ROAD SPRING HILL, FL 34608</b>	Mailing Address <b>1516 MEADOWLARK ROAD SPRING HILL, FL 34608</b>
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40037003

2. Principal Place of Business - No P.O. Box # <b>5310 MOSQUERO ROAD</b>	3. Mailing Address <b>5310 MOSQUERO ROAD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



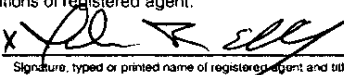
03062008 Chg-P CR2E034 (12/06)

City & State <b>SPRING HILL, FL</b>	City & State <b>SPRING HILL, FL</b>	4. FEI Number <b>20-1076945</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>34606</b>	Country	Zip <b>34606</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>EBBING, JOHN R 1516 MEADOWLARK ROAD SPRING HILL, FL 34608</b>		7. Name and Address of New Registered Agent Name <b>EBBING, JOHN R.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5310 MOSQUERO ROAD</b> City <b>SPRING HILL</b> FL Zip Code <b>34606</b>	
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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.

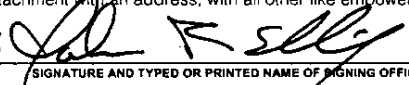
SIGNATURE:  DATE: **3/28/8**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST EBBING, JOHN R 1516 MEADOWLARK ROAD SPRING HILL, FL 34608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST EBBING, JOHN R. 5310 MOSQUERO ROAD SPRING HILL, FL 34606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EBBING, JAMES R 1516 MEADOWLARK ROAD SPRING HILL, FL 34608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EBBING, JAMES R. 5310 MOSQUERO ROAD SPRING HILL, FL 34606 <input checked="" 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
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

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:  DATE: **3/28/8**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR