



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90118 005 ***150.00

DOCUMENT # P04000098321 1. Entity Name GRASSMASTER SOD, INC.					
Principal Place of Business 333 E. OSCEOLA AVENUE CLEWISTON, FL 33440			Mailing Address 333 E. OSCEOLA AVENUE CLEWISTON, FL 33440		
2. Principal Place of Business 5130 SARASOTA CENTRAL PKWY		3. Mailing Address 5130 SARASOTA CENTRAL PKWY			
Suite, Apt. #, etc. # 104		Suite, Apt. #, etc. # 104			
City & State SARASOTA, FL		City & State SARASOTA, FL			
Zip 34238		Country US		03112005 Chg-P CR2E034 (10/03)	
4. FEI Number 20-1309479		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HILYER, MATTHEW R 333 E. OSCEOLA AVENUE CLEWISTON, FL 33440		7. Name and Address of New Registered Agent Name MATTHEW R. HILYER Street Address (P.O. Box Number is Not Acceptable) 5130 SARASOTA CENTRAL PKWY #104 City SARASOTA, FL Zip Code 34238			
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 <u><i>Matthew R Hilyer</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D HILYER, MATTHEW R <input type="checkbox"/> Delete 333 E. OSCEOLA AVENUE CLEWISTON, FL 33440		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEW R HILYER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5130 SARASOTA CENTRAL PKWY SARASOTA, FL 34238	
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	
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 exemption stated in Section 119.07(3)(i), 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: <u><i>Matthew R Hilyer</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-14-05 863-228-7043 Date Daytime Phone #		