## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Apr 26, 2007 8:00 am Secretary of State DOCUMENT # P06000094917 04-26-2007 90236 045 \*\*\*150.00 1. Entity Name GRASSTONE GROUP, INC. Principal Place of Business Mailing Address 2742 DOUGLAS RD 2742 DOUGLAS RD PANAMA CITY, FL 32405 PANAMA CITY, FL 32405 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192007 CR2E034 (12/06) City & State City & State 4. FEI Number a Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEVERSON, RICKY Street Address (P.O. Box Number is Not Acceptable) 2742 DOUGLAS RD PANAMA CITY, FL 32405 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete ☐ Change ☐ Addition TITLE STEVERSON, RICKY NAME NAME STREET ADDRESS 2742 DOUGLAS RD STREET ADDRESS PAÑAMA CITY, FL 32405 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TOTALE ☐ Change ☐ Addition HARRISON, LESTER NAME STREET ADDRESS 2742 DOUGLAS RD STREET ADDRESS CITY-ST-7IP PANAMA CITY, FL 32405 CITY-ST-ZIP ☐ Delete TITLE TETLE ☐ Change ■ Addition STEVERSON, MARTY NAME STREET ADDRESS 2742 DOUGLAS RD STREET ADDRESS CITY-ST-7IP PANAMA CITY, FL 32405 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

**FILED** 

Oaytime Phone #