


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90366 029 ***150.00

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| DOCUMENT # P06000094917 |  |
| 1. Entity Name GRASSTONE GROUP, INC. | |

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|---|---|
| Principal Place of Business 2742 DOUGLAS RD PANAMA CITY, FL 32405 | Mailing Address 2742 DOUGLAS RD PANAMA CITY, FL 32405 |
|---|---|

40000000



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|--|---|
| 2. Principal Place of Business - No. R.O. Box # 2621 E 15th Street | 3. Mailing Address 2621 E 15th Street |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State Panama City FL | City & State Panama City FL |
| Zip 32405 | Country US |
| Zip 32405 | Country US |

04252008 Chg-P CR2E034 (12/06)

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|--|--|--|
| 4. FEI Number 20-5202350 | | 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 STEVERSON, RICKY 2742 DOUGLAS RD PANAMA CITY, FL 32405 | | |
| 7. Name and Address of New Registered Agent | | |
| Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | |
| State FL 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

| | | |
|---|---|------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | PD STEVERSON, RICKY 2742 DOUGLAS RD PANAMA CITY, FL 32405 <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 | STD STEVERSON, MARTY 2742 DOUGLAS RD PANAMA CITY, FL 32405 <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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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: *Ricky Steversen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **4/25/08** Daytime Phone # **(850) 596-281**