## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 25, 2005 08:00 AM Secretary of State

DOCUMENT # P95000048459  1. Entity Name GRASS MASTERS LAWN MAINTENANCE INC.				Secretary or state
Principal Place 1574 ZINNI DELTONA, F		Mailing Address 1574 ZINNIA DR. DELTONA, FL 32725		
				03092005 No Chg-P CR2E034 (10/03)
L		TE IN THIS S	SPACE	4. FEI Number Applied For 59-3320500 Not Applicable  5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  BOWERS, EDWARD J III 1574 ZINNIA DR. DELTONA, FL 32725				DO NOT WRITE IN THIS SPACE
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, sequired when reinstating)  PILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution. Added to Fees				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS PVT BOWERS, EDWARD J III 1574 ZINNIA DR DELTONA, FL 32725	S AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		04/25/05-80016-009 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>	·	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		in the following space of the state of the s		IN THIS SPACE
title Name Street address City-ST-ZIP		- September 1997 - Sept		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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:				
SIGNATURE: CAUSE DOWNER FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date				