2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 18, 2007 08:00 All Secretary of State **DOCUMENT # P95000048459** 1. Entity Name GRASS MASTERS LAWN MAINTENANCE INC. Principal Place of Business Mailing Address 1574 ZINNIA DR. 1574 ZINNIA DR. DELTONA, FL 32725 DELTONA, FL 32725 01102007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3320500 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent BOWERS, EDWARD J III DO NOT WRITE 1574 ZINNIA DR. DELTONA, FL 32725 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 algorature required when revietating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE U00000713217 04/26/07-80081-017 150.00 NAME BOWERS, EDWARD J III STREET ADDRESS 1574 ZINNIA DR DELTONA, FL 32725 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST- ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: 🗸	Edward (Bowen IT.	EDWARD	5 Bowers	Œ	4-13-07	386-	860-170	١
8 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					Date		Daytime Phone ≢		l