2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT Apr 06, 2005 08:00 AM Secretary of State DOCUMENT # P95000081917 1. Entity Name GRASSMASTER LAWN SERVICE, INC. Principal Place of Business Mailing Address 3004 BALDWIN AVENUE POST OFFICE BOX 50051 SARASOTA, FL 34232 SARASOTA, FL 34232-0300 03212005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 65-0614776 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUBIN, ALAN R DO NOT WRITE 3004 BALDWIN AVENUE SARASOTA, FL 34232 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 required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS T000000289080 TITLE 04/06/05-80010-019 150.00 RUBIN, ALAN R NAME STREET ADDRESS 3004 BALDWIN AVENUE CITY-ST-ZIP SARASOTA, FL 34232 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

12. I hereby certify that the information supplied with this filling 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 effect 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 provider like empowered.

SIGNATURE: 🗸

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF STRANG OFFICER OF DIRECTOR

43-5

941-650-4766

FILED

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