

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000020761**

1. Entity Name  
**GREEN GRASS GOLF, INC.**



Principal Place of Business  
**6613 STATE ROAD 54  
NEW PORT RICHEY, FL 34653**

Mailing Address  
**6613 STATE ROAD 54  
NEW PORT RICHEY, FL 34653**



07202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-3455266</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b>              |

**6. Name and Address of Current Registered Agent**

**MAURO, KENNETH  
10620 ALICO PASS  
NEW PORT RICHEY, FL 34655**

**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: *Ken Mauro*

*Ken Mauro, Pres.*

*7-20-04*

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice..

**10. OFFICERS AND DIRECTORS**

|                 |                           |
|-----------------|---------------------------|
| TITLE           | VPTS                      |
| NAME            | MAURO, KENNETH            |
| STREET ADDRESS  | 10620 ALICO PASS          |
| CITY - ST - ZIP | NEW PORT RICHEY, FL 34655 |

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

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

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

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

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

U000000167728  
07/22/04-80006-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Ken Mauro*

*Ken Mauro*

*7-20-04*

*727 843 9086*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #