

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

10-19027  
6022  
FILED  
May 01, 2007 08:00 AM  
Secretary of State

DOCUMENT # 571160

1. Entity Name  
SOUTHERN GROUTS & MORTARS, INC.



Principal Place of Business  
1502 S.W. 2ND PLACE  
POMPANO BEACH, FL 33069-3220

Mailing Address  
1502 S.W. 2ND PLACE  
POMPANO BEACH, FL 33069-3220



04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-1821674

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PICOU, RONNIE I.  
1500 S.W. 2ND PLACE  
POMPANO BEACH, FL

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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, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME PICOU, RONNIE I  
STREET ADDRESS 197 ROYAL PALM DR  
CITY-ST-ZIP FT LAUDERDALE, FL 0,

TITLE EVP  
NAME MCKEE, ELIZABETH PICO  
STREET ADDRESS 914 CYPRESS DRIVE  
CITY-ST-ZIP DELRAY BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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U00000750103  
05/18/07-00050-004 150.00

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #