



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
11. Mar 10, 2008 8:00 am
Secretary of State

01-24-2008 90045 046 ***150.00

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
DO NOT WRITE IN THIS SPACE		
6.- Name and Address of Current Registered Agent PICOU, RONNIE I. 1500 S.W. 2ND PLACE POMPANO BEACH, FL		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)</small>		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PICOU, RONNIE I 197 ROYAL PALM DR FT LAUDERDALE, FL 0.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP MCKEE, ELIZABETH PICO 914 CYPRESS DRIVE DELRAY BEACH, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____

66003019



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1821674	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required