

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

02-19-2007 90060 040 ***150.00
L32578

DOCUMENT # L32578	
1. Entity Name B & E GROUTING, INC.	

Principal Place of Business 1202 THOMAS CIRCLE WINTER SPRINGS FL 32708 US	Mailing Address 1202 THOMAS CIRCLE WINTER SPRINGS FL 32708 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
07 MAR -5 AM 10:07
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

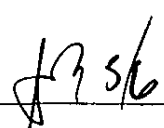

1st MOORE CR2E034 (10/06)

4. FEI Number 59-2978390	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SEABURN, DOUGLAS S 800 N HWY 434 #1 ALTAMONTE SPRINGS FL 32714	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

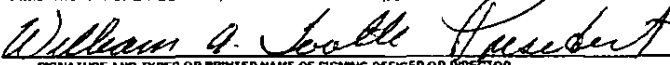
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP TOOTLE, WILLIAM A 1202 THOMAS CIRCLE WINTER SPRINGS FL 32708 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D.P. S. T. V.P. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DST TOOTLE, EVELIN 1202 THOMAS CIRCLE WINTER SPRINGS FL 32708 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP TOOTLE, TAMMEY A 1202 THOMAS CIRCLE WINTER SPRINGS FL 32708 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **3/1/07** **407-699-1072**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #