

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P01000028638**

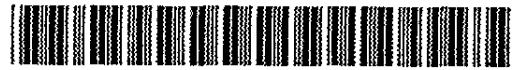
1. Entity Name  
**THE GROUT SPECIALISTS, INC.**



Principal Place of Business  
326 N. SUNSET DR.  
MOUNT DORA, FL 32757

Mailing Address  
326 N. SUNSET DR.  
MOUNT DORA, FL 32757

**FILED**  
**May 17, 2004 08:00 AM**  
**Secretary of State**



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>74-2988270</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	
\$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

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

WINKLER, AMY L  
326 N. SUNSET DR.  
MOUNT DORA, FL 32757

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

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

**10. OFFICERS AND DIRECTORS**

TITLE DP  
NAME WINKLER, K.R.  
STREET ADDRESS 326 N. SUNSET DR.  
CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE DST  
NAME WINKLER, AMY L  
STREET ADDRESS 326 N. SUNSET DR.  
CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shlly 04 3521735-5a18  
Date Daytime Phone #