

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90194 008 \*\*\*150.00

**DOCUMENT # P03000005763**

1. Entity Name  
**THINSET & GROUT INC.**



Principal Place of Business

**203 W MARION AVE  
EDGEWATER, FL 32132**

Mailing Address

**203 W MARION AVE  
EDGEWATER, FL 32132**

2. Principal Place of Business

**P.O. Box 702984**  
Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 702984**  
Suite, Apt. #, etc.



02022005

Chg-P

CR2E034 (10/03)

City & State

**New Smyrna Beach, FL**

City & State

**New Smyrna Beach, FL**

4. FEI Number

**43-1993702**

Applied For

☐ Not Applicable

Zip

**32170**

Country

**US**

Zip

**32170**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JONES, ROBERT E  
203 W MARION AVE #2  
EDGEWATER, FL 32132**

7. Name and Address of New Registered Agent

Name **Jones, Robert E.**  
Street Address (P.O. Box Number is Not Acceptable)  
**126 Creek Side Circle**  
City **New Smyrna Beach, FL** Zip Code **32168**

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

**2/21/05**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>TORREALBA, AURA M</b>	
STREET ADDRESS	<b>203 W MARION AVE #2</b>	
CITY-ST-ZIP	<b>EDGEWATER, FL 32132</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>JONES, ROBERT E</b>	
STREET ADDRESS	<b>203 W MARION AVE #2</b>	
CITY-ST-ZIP	<b>EDGEWATER, FL 32132</b>	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	<b>PIETRI, CAROLINA</b>	
STREET ADDRESS	<b>203 W MARION AVE #2</b>	
CITY-ST-ZIP	<b>EDGEWATER, FL 32132</b>	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	<b>PIETRI, LUIS A</b>	
STREET ADDRESS	<b>203 W MARION AVE #2</b>	
CITY-ST-ZIP	<b>EDGEWATER, FL 32132</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TORREALBA, AURA M</b>	
STREET ADDRESS	<b>P.O. Box 702984</b>	
CITY-ST-ZIP	<b>New Smyrna Beach, FL 32170</b>	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jones, E. Robert</b>	
STREET ADDRESS	<b>P.O. Box 702984</b>	
CITY-ST-ZIP	<b>New Smyrna Beach, FL 32170</b>	
TITLE	DIR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Pietri, Carolina</b>	
STREET ADDRESS	<b>P.O. Box 702984</b>	
CITY-ST-ZIP	<b>New Smyrna Beach, FL 32170</b>	
TITLE	DIR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Pietri, Luis A</b>	
STREET ADDRESS	<b>P.O. Box 702984</b>	
CITY-ST-ZIP	<b>New Smyrna Beach, FL 32170</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

**Aura M. Torrealba**

**2/21/2005 (386) 40997790**

Date

Daytime Phone #