

FILED
Feb 24, 2005 08:00 AM
Secretary of State

1. Entity Name —
GROUT MASTERS, INC.



Mailing Address
19 BUFFALO BERRY PLACE,
PALM COAST, FL 32137 US

DO NOT WRITE IN THIS SPACE



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0670716

| |
|----------------|
| Applied For |
| Not Applicable |

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

6. Name and Address of Current Registered Agent

SOLTES, JODEE
19 BUFFALO BERRY PLACE,
PALM COAST, FL 32137

**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, 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 | DIR. |
| NAME | SOLTES, JEFFREY C |
| STREET ADDRESS | 19 BUFFALO BERRY PLACE, |
| CITY-ST-ZIP | PALM COAST, FL 32137 |

| | |
|-----------------|-------------------------|
| TITLE | DIR |
| NAME | SOLTES, JODEE |
| STREET ADDRESS | 16 BUFFALO BERRY PLACE, |
| CITY - ST - ZIP | PALM COAST, FL 32137 |

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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02/24/05-80078-009 150.00

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IN THIS SPACE**

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

2-22-05 386-246-4024

Date _____

Daytime Phone # _____