

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000043563

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Entity Name:** GROUT BUSTERS SYSTEMS OF PINELLAS COUNTY, INC.

**Current Principal Place of Business:**

3934 W BAY VISTA AVE  
TAMPA, FL 33611 US

**New Principal Place of Business:**

175 MEDALLION BLVD  
SUITE F  
MADEIRA BEACH, FL 33708 US

**Current Mailing Address:**

3934 W BAY VISTA AVE  
TAMPA, FL 33611 US

**New Mailing Address:**

175 MEDALLION BLVD  
SUITE F  
MADEIRA BEACH, FL 33708 US

**FEI Number:** 20-4841683

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOOD, BRADLEY J ESQ.  
2639 DR. M.L. KING, JR. STREET NORTH  
ST. PETERSBURG, FL 33704 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D/P  
Name: MATHEWS, SHAWN  
Address: 175 MEDALLION BLVD  
City-St-Zip: MADEIRA BEACH, FL 33708 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHAWN MATHEWS

D/P

04/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date