


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000068258</b> 1. Entity Name <b>GROUTSTICK, INC.</b>																																					
Principal Place of Business <b>3436 HIGHLANDS BRIDGE ROAD SARASOTA FL 34235</b>			Mailing Address <b>3436 HIGHLANDS BRIDGE ROAD SARASOTA FL 34235</b>																																		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																			
City & State		City & State		4. FEI Number <b>34-5229189</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>																																	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																	
6. Name and Address of Current Registered Agent  <b>NAMACK, WILLIAM H III 1800 SECOND ST. SUITE 855 SARASOTA FL 34236</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating) _____ DATE _____																																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">D</td> <td style="width: 15%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>CLOUD, DONALD E</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>3436 HIGHLANDS BRIDGE ROAD</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>SARASOTA FL 34235</b></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">Delete <input type="checkbox"/></td> <td style="width: 15%;">Change <input type="checkbox"/></td> <td style="width: 15%;">Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	D	Delete <input type="checkbox"/>	NAME	<b>CLOUD, DONALD E</b>		STREET ADDRESS	<b>3436 HIGHLANDS BRIDGE ROAD</b>		CITY - ST - ZIP	<b>SARASOTA FL 34235</b>		TITLE	NAME	Delete <input type="checkbox"/>	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	NAME					STREET ADDRESS					CITY - ST - ZIP				
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MOORE CR2E034 (11/03)

4. FEI Number **34-5229189** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NAMACK, WILLIAM H III  
1800 SECOND ST.  
SUITE 855  
SARASOTA FL 34236**

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

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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)

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STREET ADDRESS	<b>3436 HIGHLANDS BRIDGE ROAD</b>	
CITY - ST - ZIP	<b>SARASOTA FL 34235</b>	

TITLE	NAME	Delete <input type="checkbox"/>	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
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STREET ADDRESS				
CITY - ST - ZIP				

**U000000035166**  
**02/06/04-80008-015 150.00**

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: Donald E. Cloud

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-1-2004 94-377-6712**

Date

Daytime Phone #