


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2004 8:00 am**  
**Secretary of State**

06-09-2004 90004 003 \*\*\*150.00

<b>DOCUMENT # P96000098569</b>	
1. Entity Name <b>MR. GROUT, INC.</b>	

Principal Place of Business <b>3053 CORONA LANE SARASOTA, FL 34232 US 34243-2868</b>	Mailing Address <b>8437 TUTTLE AVE SUITE #102 SARASOTA, FL 34232 US 34243-2868</b>
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44040400



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05042004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>VOIGHT, STEPHEN F 2414 BEE RIDGE ROAD SARASOTA, FL 34239</b>	
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4. FEI Number <b>65-0717014</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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 \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP LIBERTI, STEPHEN A <del>PO BOX 7008</del> <b>8437 TUTTLE AVE. SUITE #102 SARASOTA, FL 34232 34243-2868</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LIBERTI, SHARON A <del>PO BOX 7008</del> <b>8437 TUTTLE AVE. SUITE #102 SARASOTA, FL 34232 34243-2868</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** \_\_\_\_\_ **6/7/04** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

May 4, 2004

MR. GROUT, INC.

~~3953 CORONA LANE~~

SARASOTA, FL 34232 US

34243-2868

SUBJECT: MR. GROUT, INC.

Ref. Number: P96000098569

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

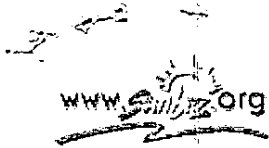
The form submitted is not suitable for archiving. Please complete the enclosed form and return to our office.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott  
Document Specialist

Letter Number: 704A00030510

Attachment  
44046493  
Division of Corporations

## Annual Report

Page 2

Document Number  
**P96000098569**  
Business Entity Name  
**MR. GROUT, INC.**

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Officer/Director Name And Address

Title PVP  
Name (Last, First, Middle, Title) LIBERTI STEPHEN A  
-or- Entity Name  
Street Address 8437 TUTTLE AVE, SUITE #102  
City, State SARASOTA FL  
Zip Code & Country 34243

Title ST  
Name (Last, First, Middle, Title) LIBERTI SHARON A  
-or- Entity Name  
Street Address 8437 TUTTLE AVE, SUITE #102  
City, State SARASOTA FL  
Zip Code & Country 34243

Title  
Name (Last, First, Middle, Title)  
-or- Entity Name  
Street Address  
City, State  
Zip Code & Country

Title  
Name (Last, First, Middle, Title)  
-or- Entity Name  
Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

44046493  
#P86000098569

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

Continue

Reset

Start Over

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