## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 04, 2008 08:00 AN Secretary of State DOCUMENT # P97000092359 1. Entity Name MRS. GROUT, INC. Principal Place of Business Mailing Address 2162 BUFFALO STREET 2162 BUFFALO STREET SARASOTA FL 34237 US SARASOTA FL 34237 2. Principal Place of Business - No P.O. Box # 3. Ma'ling Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number City & State Applied For 65-0801697 Not Applicable Ζıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THIBAULT, MARISOL Street Address (P.O. Box Number is Not Acceptable) 2162 BUFFALO STREET SARASOTA FL 34279 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 land accept the obligations of registered agent SIGNATURE Signature, typed or minred lians: of registered ligent and tills. If implicable, (NOTE Registered Agent empotuen regionals y non remarker d' FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HODDORROSA Change TITLE Delete TITLE Addition 04/ĪŜ/ÕĒ-8ÕÕŠ2-022 150.00 THIBAULT, MARISOL NAME NAME STREET ADDRESS 2162 BUFFALO STREET STREET ADDRESS CITY - ST- ZIP SARASOTA FL 34237 CITY - ST-ZIP TITLE ☐ Detete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7IP ☐ De⊧ete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE Deiete THLL Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP De ete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP ☐ Defete TITLE ☐ Change Acdition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

FILED

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

Manual Tulautt Marisolthi brutt President 04-01-08 941-350-6399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

indicated on this report or supplemental report is true and accurate and that my signature snall 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 19 or Block 11