


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State


03-27-2007 90017 044 ***150.00

DOCUMENT # P99000081706	
1. Entity Name GROUT MASTER INC.	

Principal Place of Business 5101 CYPRESS CREEK DRIVE ORLANDO, FL 32811	Mailing Address 5101 CYPRESS CREEK DRIVE ORLANDO, FL 32811
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40042657



02022007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3607534	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
ALL-FLORIDA FIRM NONLAWYER GARY BURCH 466 S VOLUSIA AVE SUITE C ORANGE CITY, FL 32763	
5101 CYPRESS CREEK DR ORLANDO FLA 32811	

7. Name and Address of New Registered Agent	
Name GROUT MASTER, INC	
Street Address (P.O. Box Number is Not Acceptable) 5101 CYPRESS CREEK DR	
City ORLANDO	FL Zip Code 32811

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 **GARY BURCH** **PRESIDENT** *Gary Burch* **3/11/07**
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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	PVST BURCH, GARY D 5101 CYPRESS CREEK DRIVE ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Gary Burch* **3/16/07**
Signature and typed or printed name of signing officer or director Date Daytime Phone #