

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 168806

FILED  
Jan 28, 2009  
Secretary of State

Entity Name: A-1 BLOCK CORPORATION

**Current Principal Place of Business:**

%ANTHONY DACATO  
1617 S DIVISION ST  
ORLANDO, FL 32805 US

**New Principal Place of Business:**

**Current Mailing Address:**

%ANTHONY DACATO  
1617 S DIVISION ST  
ORLANDO, FL 32805 US

**New Mailing Address:**

FEI Number: 59-0671726      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FREEMAN, ADAM  
1617 S DIVISION  
ORLANDO, FL 32805 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DST ( ) Delete  
Name: FREEMAN, GAIL  
Address: 1617 S DIVISION STREET  
City-St-Zip: ORLANDO, FL 32805

Title: VPD ( ) Delete  
Name: FREEMAN, JOHN  
Address: 1617 SO DIVISION AVE  
City-St-Zip: ORLANDO, FL

Title: P ( ) Delete  
Name: FREEMAN, ADAM S.  
Address: 1617 S. DIVISION AVE.  
City-St-Zip: ORLANDO, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: FREEMAN, JOHN  
Address: 1617 SO DIVISION AVE  
City-St-Zip: ORLANDO, FL 32805

Title: P (X) Change ( ) Addition  
Name: FREEMAN, ADAM S.  
Address: 1617 S. DIVISION AVE.  
City-St-Zip: ORLANDO, FL 32805

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ADAM FREEMAN

PRES

01/28/2009

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

\_\_\_\_\_ Date