## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 007017** 

Address:

City-St-Zip:

5733 115TH AVE. N

PINELLAS PARK, FL 33782

FILED Mar 19, 2009 Secretary of State

Entity Name: BLOCKER TRANSFER COMPANY						
Current Principal Place of Business:				New Principal Place of Business:		
3035 22ND AVE NORTH ST PETERSBURG, FL 337134234 US			2300 31ST STREET NORTH ST PETERSBURG, FL 337134234 US			
Current Mailing Address:				New Mailing Address:		
	AVE NORTH SBURG, FL 3	337134234 US		2300 31ST STREET ST PETERSBURG, F		
FEI Number:	59-0167140	FEI Number Applied For ( )	FEI Nur	nber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
SNELL, DENNIS A 3035 22ND AVE, N ST. PETERSBURG, FL 33713 US				SNELL, DENNIS A 2300 31ST STREET NORTH ST. PETERSBURG, FL 33713 US		
The above in the State		submits this statement for the	e purpose c	f changing its register	ed office or registered agent, or both,	
SIGNATURE:				03/19/2009		
Electronic Signature of Registered Agent				Date		
Election Can	npaign Financing	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () SNELL, DENNIS 11227 60TH ST PINELLAS PAR	-, N		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () SNELL, BETTY 11227 60TH ST PINELLAS PAR	-		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () SNELL, DONAL	Delete D K		Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: BETTY LOU SNELL SD 03/19/2009