


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90088 014 \*\*\*150.00

**DOCUMENT # 168806**

1. Entity Name  
**A-1 BLOCK CORPORATION**



Principal Place of Business      Mailing Address

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

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



1st MOORE      CR2E034 (10/04)

4. FEI Number      Applied For

**59-0671726**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DACATO, ANTHONY**  
**1617 S DIVISION**  
**ORLANDO FL 32805**

**7. Name and Address of New Registered Agent**

Name **FREEMAN, ADAM**  
Street Address (P.O. Box Number is Not Acceptable) **1617 S. DIVISION AVE**  
City **ORLANDO**      FL      Zip Code **32805**

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  **Adam S. Freeman**      DATE **02-25-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      \$5.00 May Be Added to Fees

Trust Fund Contribution:

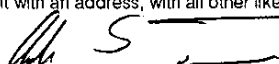
**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	DACATO, ANTHONY	1617 S DIVISION STREET	ORLANDO FL	<input checked="" type="checkbox"/>
STD	DACATO, IDA	1617 S DIVISION STREET	ORLANDO FL	<input type="checkbox"/>
V	FREEMAN, JOHN	1617 SO DIVISION AVE	ORLANDO FL	<input type="checkbox"/>
VP	FREEMAN, ADAM S.	1617 S. DIVISION AVE.	ORLANDO FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VP D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
P				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	GAIL FREEMAN	1617 S. DIVISION AVE	ORLANDO, FL 32805	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:**  **Adam S. Freeman**      Date **02-25-05**      Daytime Phone # **407-422-3768**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR