

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 415082

1. Entity Name
BLOCKER GROVES, INC.



Principal Place of Business
33831 BLANTON RD
DADE CITY, FL 33523

Mailing Address
33831 BLANTON RD
DADE CITY, FL 33523

FILED
Aug 14, 2008 08:00 AM
Secretary of State



08052008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1465170

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BLOCKER, LORA L
33831 BLANTON RD
DADE CITY, FL 33523

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000957694
08/14/08-80002-011 550.00

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	BLOCKER, MICHAEL
STREET ADDRESS	6469 CEDARSIDE AVENUE
CITY-ST-ZIP	BROOKSVILLE, FL 34602
TITLE	PD
NAME	BLOCKER, LORA LEE
STREET ADDRESS	33831 BLANTON RD
CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Lora Blocker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-05

(352) 567-3915

Date

Daytime Phone #