## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 11, 2004 08:00 AM Secretary of State

ANNUAL REPURI								
DOCUMENT # H2  1. Entity Name BLOCK BUSTERS OF PI								
Principal Place of Business 13144 PARK BLVD. STE C SEMINOLE, FL 33776 US	Mailing Address 13144 PARK BLVD STE C SEMINOLE, FL 33776	US						

DO NOT WRITE IN THIS SPACE



03042004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2457317

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

RUBAII, JAWDET I. 1358 S MISSOURI AVE CLEARWATER, FL 33758

## DO NOT WRITE IN THIS SPACE

				22.5				
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 requirered agent and title if	annikrahia INSTE-Rosskerori A	nent ekonetura	required when rematating)	DATE			
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaign Financis		\$5.00 May Be	· · · · · · · · · · · · · · · · · · ·			
	ay 1, 2004 Fee will be \$550.00	Trust Fund Contribution.		Added to Fees	1)00000 <b>084696</b> 03/11/04-80016-020 150.00			
10.	OFFICERS AND DIREC	TORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BICKEY, NICK 907 HARBOR DRIVE BELLEAIR BEACH, FL 33786							
TITLE NAME STREET ADDRESS CITY-ST-EP	V BICKEY, MINDY 907 HARBOR DRIVE BELLEAIR BEACH, FL 33786				<del></del> .			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CRY-ST-ZIP				IN 7	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TOTALE NAME STREET ADDRESS CITY-ST-ZP								
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 it 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: X SIGNATURE AND TYPED OR PROVIDED NAME OF SIGNAND OFFICER OR DIRECTOR.

(3/9/04 (727) 397-014