


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000076683

1. Entity Name
BLOCK & COLUCCI, P.A.



Principal Place of Business
**1001 N US HWY ONE, STE 400
 JUPITER, FL 33477**

Mailing Address
**1001 N US HWY ONE, STE 400
 JUPITER, FL 33477**

DO NOT WRITE IN THIS SPACE



03032008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1076296

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LEITTEN, SCOTT J
 1001 N US HWY ONE, STE 400
 JUPITER, FL 33477**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT COLUCCI, ANTHONY J JR 1001 N US HWY ONE, STE 400 JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS LEITTEN, SCOTT J 1001 N US HWY ONE, STE 400 JUPITER, FL 33477
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 05/13/08-80096-024-150.00

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 any other like empowered

SIGNATURE: Scott J. Leitten, V.P., Scott J. Leitten 4-21-08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #