

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000048004

FILED  
Apr 04, 2008  
Secretary of State

Entity Name: BLOCCO CONSTRUCTION, INC.

## Current Principal Place of Business:

301 NORTH 15TH STREET  
IMMOKALEE, FL 34142

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 989  
IMMOKALEE, FL 34143

## New Mailing Address:

FEI Number: 82-0551174

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLOCKER, BRIAN J  
301 NORTH 15TH STREET  
IMMOKALEE, FL 34142 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BLOCKER, BRIAN J  
Address: 301 NORTH 15TH STREET  
City-St-Zip: IMMOKALEE, FL 34142

Title: VSTD ( ) Delete  
Name: BLOCKER, CURTIS D  
Address: 301 NORTH 15TH STREET  
City-St-Zip: IMMOKALEE, FL 34142

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: BRIAN BLOCKER

PD

04/04/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date