

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90028 026 ***150.00

DOCUMENT # P02000082932

1. Entity Name

DAVID A. BLOCK SURVEYING & MAPPING INC.



Principal Place of Business

2315 SYKES CREEK DRIVE
MERRITT ISLAND FL 32953

Mailing Address

2315 SYKES CREEK DRIVE
MERRITT ISLAND FL 32953



2. Principal Place of Business

2275 N. COURTENAY PKWY

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE # 7

Suite, Apt. #, etc.

11

City & State

MERRITT ISLAND, FL.

City & State

11

Zip

32953

Country

USA

Zip

11

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

81-0563981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLOCK, DAVID A
2315 SYKES CREEK DRIVE
MERRITT ISLAND FL 32953

193 SYKES LOOP DR

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 constituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BLOCK, DAVID A	
STREET ADDRESS	2315 SYKES CREEK DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #