


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90037 023 ***150.00

DOCUMENT # P03000149106
 1. Entity Name
ALLAN J. BLOCHER, INC.



Principal Place of Business Mailing Address
474 SE VERADA AVE. 474 SE VERADA AVE.
PORT ST. LUCIE FL 34983 PORT ST. LUCIE FL 34983



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
1908 S.W. FLOWER LN. 1908 S.W. FLOWER LN.

1st MOORE CR2E034 (10/05)

City & State City & State
PT. ST. LUCIE, FLORIDA PT. ST. LUCIE, FLORIDA
 Zip Country Zip Country
34953 ST. LUCIE 34953 ST. LUCIE

4. FEI Number **20-0487877** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BLOCHER, ALLAN J
474 SE VERADA AVE.
PORT ST. LUCIE FL 34983

7. Name and Address of New Registered Agent
 Name **BLOCHER, ALLAN J**
 Street Address (P.O. Box Number is Not Acceptable)
1908 S.W. FLOWER, LANE
 City **PT. ST. LUCIE** FL Zip Code **34953**

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 **ALLAN J. BLOCHER - PRES.** *Allan J. Blocher* **2/20/06**
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

TITLE	P	<input type="checkbox"/> Delete
NAME	BLOCHER, ALLAN J	
STREET ADDRESS	474 SE VERADA AVE.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCHER, ALLAN J	
STREET ADDRESS	1908 S.W. FLOWER LANE	
CITY-ST-ZIP	PT. ST. LUCIE, FL. 34953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Allan J. Blocher* **ALLAN J. BLOCHER** **2/20/06** **772-879-9821**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #