


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 23, 2008 8:00 am**  
**Secretary of State**

07-07-2008 90003 008 \*\*\*150.00

<b>DOCUMENT # P04000105201</b> 1. Entity Name MAIL-BLOCK.COM CORPORATION	
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Principal Place of Business 4639 S. CLYDE MORRIS BLVD. #106 PORT ORANGE, FL 32129	Mailing Address 4639 S. CLYDE MORRIS BLVD #106 PORT ORANGE, FL 32129
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**66015546**



07022008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 34-2004783	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CRADDOCK, SYLVIA J 4639 S. CLYDE MORRIS BLVD #106 PORT ORANGE, FL 32129
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC CRADDOCK, SYLVIA J 4639 S. CLYDE MORRIS BLVD PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES CRADDOCK, JOE E 4639 S. CLYDE MORRIS BLVD PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CRADDOCK, ROBERT L 4639 CLYDE MORRIS BLVD PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

**SIGNATURE:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres

7-21-2008

Date

386-506-5000

Daytime Phone #