


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000125801</b>	
<b>1. Entity Name</b> HANK BLOCK'S MASONRY SERVICES INC	

<b>Principal Place of Business</b> 1111 S 14TH PLACE BOYNTON BEACH, FL 33462	<b>Mailing Address</b> 1111 S 14TH PLACE BOYNTON BEACH, FL 33462
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**DO NOT WRITE IN THIS SPACE**



04082006    No Chg-P    CR2E034 (11/05)

<b>4. FEI Number:</b> 20-1561697	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

JOHN PORTER ACCOUNTING INC  
400 S FEDERAL HWY  
STE 404  
BOYNTON BEACH, FL 33435

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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.

<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000506937</b> <b>04/27/06-80044-003 150.00</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	P BLOCK, SHUMAN 1111 S 14TH PLACE BOYNTON BEACH, FL 33462
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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.

<b>SIGNATURE:</b> 	<b>4-10-06</b>	<b>561-588-1591</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>